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(54)	SUBSTITUTED QUINAZOLINES, THE
	PREPARATION THEREOF AND THE USE
	THEREOF IN PHARMACEUTICAL
	COMPOSITIONS

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(56) References Cited

U.S. PATENT DOCUMENTS

2,056,046 A	9/1936	Fourneau
2,375,138 A	5/1945	Victors
2,629,736 A	2/1953	Krimmel
2,730,544 A	1/1956	Sahyun
2,750,387 A	6/1956	Krimmel
2,928,833 A	3/1960	Leake et al.
3,174,901 A	3/1965	Sterne

3,236,891	A	2/1966	Seemuller
3,454,635	A	7/1969	Muth
3,673,241	A	6/1972	Marxer
3,925,357	A	12/1975	Okada et al.
4,005,208	A	1/1977	Bender et al.
4,061,753	A	12/1977	Bodor et al.
4,382,091	A	5/1983	Benjamin et al.
4,599,338	A	7/1986	Regnier et al.
4,639,436	A	1/1987	Junge et al.
4,687,777	A	8/1987	Meguro et al.
4,743,450	A	5/1988	Harris et al.
4,816,455	A	3/1989	Schickaneder et al.
4,873,330	A	10/1989	Lindholm
4,968,672	A	11/1990	Jacobson et al.
5,041,448	A	8/1991	Janssens et al.
5,051,517	A	9/1991	Findeisen et al.
5,084,460	A	1/1992	Munson, Jr. et al.
5,130,244	A	7/1992	Nishimaki et al.
5,164,526	A	11/1992	Macher
5,219,870	Α	6/1993	Kim
5,223,499	A	6/1993	Greenlee et al.
5,234,897	A	8/1993	Findeisen et al.
5,258,380	Α	11/1993	Janssens et al.
5,266,555	A	11/1993	Findeisen et al.
5,273,995	A	12/1993	Roth
5,284,967	A	2/1994	Macher
5,300,298	A	4/1994	LaNoue
5,329,025	A	7/1994	Wong et al.
5,332,744	A	7/1994	Chakravarty et al.
5,389,642	A	2/1995	Dorsch et al.
		(Cont	tinued)
		(COIII	imaca)

FOREIGN PATENT DOCUMENTS

AU 2003280680 A1 6/2004 AU 2009224546 A1 9/2009

(Continued)

OTHER PUBLICATIONS

Poudel, Resham R., "Latent autoimmune diabetes of adults: From oral hypoglycemic agents to early insulin." Indian Journal of Endocrinology and Metabolism, 2012, vol. 16, Supplement 1, pp. S41-S46.

Pratley, R. et al., "Inhibition of DPP-4: a new therapeutic approach for the treatment of type 2 diabetes." Current Medical Research and Opinion, 2007, vol. 23, No. 4, pp. 919-931.

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Priimenko, B. A., et al; Synthesis and Pharmacological Activity of Derivates of 6,8-Dimethyl Imidazo(1,2-f) Xanthine-(Russ.); Khimiko-Farmatsevticheskii zhurnal (1984) vol. 18, No. 12 pp. 1456-1261.

Radermecker, Regis et al., "Lipodystrophy Reactions to Insulin." American Journal of Clinical Dermatology, 2007, vol. 8, pp. 21-28.

(Continued)

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(57) ABSTRACT

The present invention relates to substituted quinazolines of formula (I) wherein X and Y are defined as in claim 1, the tautomers, stereoisomers, mixtures and salts thereof, which have valuable pharmacological properties, particularly an inhibitory effect on the activity of the enzyme dipeptidylpeptidase-IV (DPP-IV).

10 Claims, No Drawings

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(56) Referen	nces Cited	8,673,927 B2		Dugi et al. Horres et al.
U.S. PATENT	DOCUMENTS	8,679,520 B2 8,785,455 B2	7/2014	Hotter et al.
	5.44	8,865,729 B2 8,962,636 B2*	10/2014	Sieger et al. Pfrengle et al 514/263.21
	Buhlmayer et al. Takahashi et al.	2001/0020006 A1	9/2001	Demuth et al.
	Gericke et al.	2001/0051646 A1		Demuth et al.
	Bonte et al.	2002/0019411 A1 2002/0137903 A1		Robl et al. Ellsworth et al.
	Hauel et al. Hauel et al.	2002/015/903 A1 2002/0161001 A1		Kanstrup et al.
	Hauel et al.	2002/0169174 A1	11/2002	Chackalamannil et al.
5,614,519 A 3/1997	Hauel et al.	2002/0198205 A1	12/2002	Himmelsbach et al. Pearson et al.
	Kufner-Muhl et al. Bouchard et al.	2003/0078269 A1 2003/0100563 A1		Edmondson et al.
	Buckman et al.	2003/0105077 A1	6/2003	Kanstrup et al.
5,830,908 A 11/1998	Grunenberg et al.	2003/0114390 A1	6/2003 7/2003	Washburn et al.
	Makino et al. Ahrndt et al.	2003/0130313 A1 2003/0149071 A1	8/2003	Fujino et al. Gobbi et al.
	Gebert et al.	2003/0166578 A1	9/2003	Arch et al.
5,965,592 A 10/1999	Buhlmayer et al.	2003/0199528 A1	10/2003	Kanstrup et al.
	Whitcomb	2003/0224043 A1 2003/0232987 A1	12/2003 12/2003	Appel et al. Dahanukar et al.
	Carter et al. Villhauer	2003/0236272 A1	12/2003	
6,248,758 B1 6/2001	Klokkers et al.	2004/0023981 A1	2/2004	Ren et al.
-,,	Demuth et al.	2004/0034014 A1 2004/0037883 A1	2/2004 2/2004	Kanstrup et al. Zhou et al.
-,,	Bantick et al. Cavazza	2004/00637865 A1	4/2004	Barth et al.
	Jordan et al.	2004/0077645 A1	4/2004	Himmelsbach et al.
6,548,481 B1 4/2003	Demuth et al.	2004/0082570 A1 2004/0087587 A1	4/2004 5/2004	Yoshikawa et al. Himmelsbach et al.
6,579,868 B1 6/2003 6,727,261 B2 4/2004	Asano et al. Gobbi et al.	2004/0097510 A1		Himmelsbach et al.
	Hale et al.	2004/0116328 A1		Yoshikawa et al.
	Chackalamannil et al.	2004/0122048 A1 2004/0122228 A1	6/2004	Benjamin et al. Maier et al.
	Kanstrup et al. Hamann et al.	2004/0126358 A1		Warne et al.
	Kitajima et al.	2004/0138214 A1		Himmelsbach et al.
	Kitajima et al.	2004/0138215 A1 2004/0152720 A1		Eckhardt et al. Hartig et al.
7,074,798 B2 7/2006 7,074,923 B2 7/2006	Yoshikawa et al. Dahanukar et al.	2004/0152720 A1 2004/0166125 A1		Himmelsbach et al.
	Hauel et al.	2004/0171836 A1	9/2004	Fujino et al.
7,179,809 B2 2/2007	Eckhardt et al.	2004/0180925 A1	9/2004	Matsuno et al.
	Himmelsbach et al.	2004/0259903 A1 2005/0020574 A1	1/2004	Boehringer et al. Hauel et al.
	Kanstrup et al. Eckhardt et al.	2005/0026921 A1		Eckhardt et al.
7,235,538 B2 6/2007	Kanstrup et al.	2005/0032804 A1		Cypes et al.
· · · · · · · · · · · · · · · · · · ·	Eberhardt et al.	2005/0065145 A1 2005/0070562 A1		Cao et al. Jones et al.
	Kauffmann-Hefner et al. Barth et al.	2005/0070594 A1	3/2005	Kauschke et al.
7,393,847 B2 7/2008	Eckhardt et al.	2005/0130985 A1		Himmelsbach et al.
	Himmelsbach et al. Ok et al.	2005/0143377 A1 2005/0171093 A1		Himmelsbach et al. Eckhardt et al.
	Eckhardt et al.	2005/0187227 A1	8/2005	Himmelsbach et al.
	Eckhardt	2005/0203095 A1		Eckhardt et al.
	Eckhardt et al.	2005/0234108 A1 2005/0234235 A1		Himmelsbach et al. Eckhardt et al.
7,476,671 B2 1/2009 7,482,337 B2 1/2009	Eckhardt et al. Himmelsbach et al.	2005/0239778 A1	10/2005	Konetzki et al.
7,495,002 B2 2/2009	Langkopf et al.	2005/0244502 A1		Mathias et al.
	Eckhardt et al. Himmelsbach et al.	2005/0256310 A1 2005/0261271 A1		Hulin et al. Feng et al.
	Himmelsbach et al.	2005/0261352 A1	11/2005	Eckhardt
7,550,455 B2 6/2009	Himmelsbach et al.	2005/0266080 A1		Desai et al.
, ,	Eckhardt et al.	2005/0276794 A1 2006/0004074 A1		Papas et al. Eckhardt et al.
	Eckhardt et al. Maier et al.	2006/0034922 A1	2/2006	Cheng et al.
7,579,449 B2 8/2009	Eckhardt et al.	2006/0039974 A1		Akiyama et al.
	Carter, Jr. et al.	2006/0047125 A1 2006/0058323 A1		Leonardi et al. Eckhardt et al.
	Himmelsbach et al. Boehringer et al.	2006/0063787 A1	3/2006	Yoshikawa et al.
7,754,481 B2 7/2010	Eberhardt et al.	2006/0074058 A1		Holmes et al.
	Munson et al.	2006/0079541 A1 2006/0094722 A1		Langkopf et al. Yasuda et al.
	Pfrengle et al. Himmelsbach et al.	2006/0094722 AT 2006/0100199 AT		Yoshikawa et al.
8,039,477 B2 10/2011	Hendrix et al.	2006/0106035 A1	5/2006	Hendrix et al.
	Himmelsbach	2006/0111372 A1		Hendrix et al.
	Pfrengle et al. Himmelsbach et al.	2006/0111379 A1 2006/0134206 A1		Guillemont et al. Iyer et al.
	Hendrix et al.	2006/0134200 A1 2006/0142310 A1		Pfrengle et al.
8,178,541 B2 5/2012	Himmelsbach et al.	2006/0154866 A1	7/2006	Chu et al.
8,232,281 B2 7/2012	Dugi et al.	2006/0159746 A1	7/2006	Troup et al.

US 9,199,998 B2 Page 3

(56)	Ref	feren	ces Cited	2012/01298 2012/01423			Sieger et al. Pfrengle et al.
	U.S. PAT	ENT	DOCUMENTS	2012/01652	251 A1	6/2012	Klein et al.
2006/0173056	A1 8/2	2006	Kitajima et al.	2012/02088 2012/02196			Himmelsbach et al. Kohlrausch et al.
2006/0205711	A1 9/2	2006	Himmelsbach et al.	2012/02196			Meinicke
2006/0205943 2006/0247226			Dahanukar et al. Himmelsbach et al.	2012/02527 2012/02527			Himmelsbach et al. Himmelsbach et al.
2006/0247220			Chew et al.	2012/02960)91 A1	11/2012	Sieger et al.
2006/0270701			Kroth et al.	2013/01220 2013/01722			Kohlrausch et al. Klein et al.
2007/0027168 2007/0060530			Pfrengle et al. Christopher et al.	2013/01/22			Pfrengle et al.
2007/0072803	A1 3/2	2007	Chu et al.	2013/01968		8/2013	Dugi et al.
2007/0072810 2007/0088038			Asakawa Eckhardt et al.	2013/02365	543 A1	9/2013	Ito et al.
2007/0093659			Bonfanti et al.		FOREIC	N PATE	NT DOCUMENTS
2007/0142383			Eckhardt et al. Himmelsbach et al.				
2007/0185091 2007/0196472			Kiel et al.	CA CA		3437 A1 6288 A1	5/1982 5/1995
2007/0197522			Edwards et al.	CA		8656 A1	2/2002
2007/0219178 2007/0259900			Muramoto Sieger et al.	CA		5730 A1	9/2002
2007/0259925			Boehringer et al.	CA CA		6249 A1 6325 A1	3/2004 3/2004
2007/0259927 2007/0281940		2007	Suzuki et al.	CA	249	8423 A1	4/2004
2007/0281940			Dugi et al. Piotrowski et al.	CA CA		5389 A1 8233 A1	5/2004 6/2004
2008/0039427			Ray et al.	CA		9729 A1	12/2004
2008/0107731 2008/0108816			Kohlrausch et al. Zutter	CA		3074 A1	6/2005
2008/0249089	A1 10/2	2008	Himmelsbach et al.	CA CA		5050 A1 6064 A1	9/2005 9/2005
2008/0255159 2008/0312243			Himmelsbach et al. Eckhardt et al.	CA	255	8067 A1	10/2005
2008/0312243			Nakahira et al.	CA CA		1210 A1 2859 A1	10/2005 11/2005
2009/0023920			Eckhardt	CA		6294 A1	3/2006
2009/0088408 2009/0088569			Meade et al. Eckhardt et al.	CA		0912 A1	6/2006
2009/0093457	$A1 \qquad 4/2$	2009	Himmelsbach et al.	CA CA		1019 A1 1089 A1	11/2007 11/2007
2009/0131432 2009/0136596			Himmelsbach et al. Munson et al.	CN	10123	4105 A	8/2008
2009/0137801			Himmelsbach et al.	DE DE		5815 A1 8025 A1	8/1973 7/1979
2009/0149483			Nakahira et al. Shankar et al.	DE		9021 A1	9/2002
2009/0186086 2009/0192314			Pfrengle et al.	DE DE		7803 A1 8243 A1	10/2002 3/2004
2009/0297470			Franz		10200401		11/2005
2009/0301105 2009/0325926			Loerting Himmelsbach		0200402		12/2005
2010/0033177	A1 2/2	2010	Ochi et al.		10200404 10200405		3/2006 5/2006
2010/0074950 2010/0092551			Sesha Nakamura et al.	EP	002	3032 A1	1/1981
2010/0072931			Himmelsbach et al.	EP EP		9578 A2 3403 A2	7/1985 5/1987
2010/0179191 2010/0183531		2010 2010	Himmelsbach et al. Johncock et al.	EP	023	7608 A1	9/1987
2010/0183331			Himmelsbach et al.	EP EP		8634 A2 2675 A2	12/1987 11/1989
2010/0209506			Eisenreich	EP		9282 A2	9/1990
2010/0310664 2010/0317575			Watson et al. Pinnetti et al.	EP		9285 A1	11/1990
2011/0009391	A1 $1/2$	2011	Braun et al.	EP EP		0974 A2 9281 A1	12/1990 1/1991
2011/0046076 2011/0065731			Eickelmann et al. Dugi et al.	EP	041	2358 A1	2/1991
2011/0092510	A1 4/2	2011	Klein et al.	EP EP		3983 A1 5482 A1	8/1991 3/1992
2011/0098240 2011/0112069			Dugi et al. Himmelsbach et al.	EP		4482 A1	1/1993
2011/0112009			Himmelsbach et al.	EP EP		7454 A1 5704 A1	6/1995 5/1997
2011/0144095			Himmelsbach et al.	EP		0658 A1	10/1999
2011/0190322 2011/0195917			Klein et al. Dugi et al.	EP		4012 A1	11/2000
2011/0206766	A1 8/2	2011	Friedl et al.	EP EP		6265 A1 0245 A1	1/2001 5/2003
2011/0263493 2011/0263617			Dugi et al. Mark et al.	EP	133	3033	8/2003
2011/0203017		2011	Graefe-Mody et al.	EP EP		8595 A2 6873 A2	8/2003 4/2004
2011/0301182			Dugi	EP	150	0403 A1	1/2005
2012/0003313 2012/0035158			Kohlrausch et al. Himmelsbach et al.	EP		4552 A1	3/2005 6/2005
2012/0040982	A1 2/2	2012	Himmelsbach et al.	EP EP		5906 A1 7880 A1	6/2005 6/2005
2012/0053173 2012/0094894			Banno et al. Graefe-Mody et al.	EP	155	7165 A1	7/2005
2012/0094894			Schneider et al.	EP EP		6571 A1 3655 A1	10/2005 1/2007
2012/0121530	A1 5/2	2012	Klein et al.	EP	176	0076	3/2007
2012/0122776	A1 5/2	2012	Graefe-Mody et al.	EP	182	9877 A1	9/2007

US 9,199,998 B2

Page 4

(56)	Reference	ces Cited		WO	03034944 A1	5/2003
	FOREIGN PATEN	IT DOCLIME	NITO	WO WO	03037327 A1 03053929 A1	5/2003 7/2003
	FOREIGN PATER	NI DOCUME	MIS	wo	03055881 A1	7/2003
EP	1852108 A1	11/2007		WO	03057200 A2	7/2003
EP	1897892 A2	3/2008		WO	03064454 A1	8/2003
EP	2143443 A1	1/2010		WO WO	03088900 A2 03094909 A2	10/2003 11/2003
ES ES	385302 A1 2256797 T3	4/1973 7/2006		WO	03099279 A1	12/2003
ES ES	2263057 T3	12/2006		WO	03099836 A1	12/2003
FR	2707641 A1	1/1995		WO	03104229 A1	12/2003
GB	2084580 A	4/1982		WO WO	03106428 A1 2004002924 A1	12/2003 1/2004
HU	9003243	5/1990		WO	2004002924 A1 2004011416 A1	2/2004
HU JP	9902308 A2 S374895 A	7/2000 6/1962		WO	2004016587 A1	2/2004
JР	770120	3/1995		WO	2004018467 A2	3/2004
JP	8333339	12/1996		WO	2004018468 A2	3/2004
JP	11193270	7/1999		WO WO	2004018469 A1 2004028524 A1	3/2004 4/2004
JP JP	2000502684 A 2001213770 A	3/2000 8/2001		wo	2004033455 A1	4/2004
JР	2001278812 A	10/2001		WO	2004035575 A1	4/2004
JP	2002348279 A	12/2002		WO	2004041820 A1	5/2004
JP	2003286287 A	10/2003		WO WO	2004046148 A1 2004048379 A1	6/2004 6/2004
JP JP	2003300977 A 2004161749 A	10/2003 6/2004		wo	2004050658 A1	6/2004
JP	2004101749 A 2004250336 A	9/2004		WO	2004052362 A1	6/2004
JP	2006045156 A	2/2006		WO	2004058233 A1	7/2004
JP	2010053576 A	3/2010		WO WO	2004062689 A1 2004065380 A1	7/2004 8/2004
JP JP	2010070576 A 2010524580 A	4/2010 7/2010		wo	2004003380 A1 2004074246 A2	9/2004
KR	2010324380 A 20070111099 A	11/2007		WO	2004081006 A1	9/2004
WO	9107945 A1	6/1991		WO	2004082402 A1	9/2004
WO	9205175 A1	4/1992		WO WO	2004096806 A1 2004096811 A1	11/2004 11/2004
WO WO	9219227 A2 9402150 A1	11/1992 2/1994		WO	2004090811 A1 2004106279 A2	12/2004
WO	9402130 A1 9403456 A1	2/1994		WO	2004108730 A1	12/2004
WO	9532178 A1	11/1995		WO	2004111051 A1	12/2004
WO	9609045 A1	3/1996		WO WO	2005000846 A1 2005000848 A1	1/2005 1/2005
WO	9611917 A1	4/1996 11/1996		WO	2005000648 A1 2005007647 A1	1/2005
WO WO	9636638 A1 9723447 A1	7/1997		WO	2005007658 A2	1/2005
WO	9723473 A1	7/1997		WO	2005012288 A1	2/2005
WO	9746526 A1	12/1997		WO WO	2005023179 A2 2005049022 A2	3/2005 6/2005
WO WO	9807725 9811893	2/1998 3/1998		wo	2005051950 A1	6/2005
WO	9818770 A1	5/1998		WO	2005058901 A1	6/2005
WO	9822464 A1	5/1998		WO	2005061489 A1	7/2005
WO	9828007 A1	7/1998		WO WO	2005063750 A1 2005082906 A1	7/2005 9/2005
WO WO	9840069 A2 9846082 A1	9/1998 10/1998		WO	2005082900 A1 2005085246 A1	9/2005
WO	9856406 A1	12/1998		WO	2005092870 A1	10/2005
wo	9929695 A1	6/1999		WO	2005092877 A1	10/2005
WO	9938501 A2	8/1999		WO WO	2005095343 A1 2005095381 A1	10/2005 10/2005
WO	9950248 A1	10/1999		WO	2005093381 A1 2005097798 A	10/2005
WO WO	9956561 A1 9967279 A1	11/1999 12/1999		WO	2005116000 A1	12/2005
WO	0073307 A2	12/2000		WO	2005116014 A1	12/2005
WO	0107441 A1	2/2001		WO WO	2005117861 A1 2005117948 A1	12/2005 12/2005
WO	0140180 A2	6/2001		WO	2006005613 A1	1/2006
WO WO	0151919 0152825	7/2001 7/2001		WO	2006027204 A1	3/2006
WO	0152852 A1	7/2001		WO	2006029577 A1	3/2006
WO	0166548 A1	9/2001		WO WO	2006029769 A1 2006036664 A1	3/2006 4/2006
WO WO	0168646 A1 0172290 A2	9/2001 10/2001		wo	2006040625 A1	4/2006
WO	0172290 A2 0177110 A1	10/2001		WO	2006041976 A1	4/2006
wo	0196301 A1	12/2001		WO	2006047248 A1	5/2006
WO	0197808 A1	12/2001		WO	2006048209 A1	5/2006
WO WO	0202560 A2	1/2002		WO WO	2006048427 A1 2006068163 A1	5/2006 6/2006
WO WO	0214271 A1 0224698 A1	2/2002 3/2002		wo	2006071078 A1	7/2006
wo	02053516 A2	7/2002		WO	2006076231 A2	7/2006
WO	02068420 A1	9/2002		WO	2006083491 A2	8/2006
WO	03000241 A2	1/2003		WO	2006135693 A2	12/2006
WO WO	03000250 03002531 A2	1/2003 1/2003		WO WO	2006137085 A1 2007007173 A2	12/2006 1/2007
WO WO	03002531 A2 03004496 A1	1/2003		WO	2007007173 A2 2007014886 A1	2/2007
wo	03024965 A2	3/2003		wo	2007014895 A2	2/2007
WO	03033686 A2	4/2003		WO	2007017423 A1	2/2007

(56)	References Cited	WO 2012106303 A1 8/2012 WO 2012120040 A1 9/2012
	FOREIGN PATENT DOCUMENTS	WO 2013098372 A1 7/2013
WO	2007022250 A1 2/2007	WO 2013103629 A1 7/2013 WO 2013171167 A1 11/2013
WO WO	2007033350 A1 3/2007 2007035355 A2 3/2007	WO 2013174768 A1 11/2013
wo	2007035665 A1 3/2007	
WO	2007041053 A2 4/2007	OTHER PUBLICATIONS
WO WO	2007071738 6/2007 2007072083 A1 6/2007	
wo	2007078726 A2 7/2007	Rask-Madsen, C. et al., "Podocytes lose their footing." Nature, 2010,
WO	2007093610 A1 8/2007	vol. 468, pp. 42-44.
WO WO	2007099345 A1 9/2007 2007120702 A2 10/2007	Rhee et al.: "Nitrogen-15-Labeled Deoxynucleosides. 3. Synthesis of [3-15N]-2'-Deoxyadenosine" J. Am. Chem. Soc. 1990, 112, 8174-
WO	2007120936 A2 10/2007	8175.
WO	2007128721 A 11/2007	Rosenbloom, et al., "Type 2 Diabetes mellitus in the child and ado-
WO WO	2007128724 A1 11/2007 2007128761 A2 11/2007	lescent", Pediatric Diabetes, 2008, p. 512-526.
WO	2007135196 A2 11/2007	Rosenstock, et al., "Efficacy and tolerability of initial combination
WO WO	2007136151 A1 11/2007 2007137107 A2 11/2007	therapy with vildagliptin and pioglitazone compared with component
WO	2007137107 A2 11/2007 2007147185 A1 12/2007	montherapy in patients with type 2 diabetes". Diabetes, Obesity and
WO	2007148185 A2 12/2007	Metabolism, Mar. 2007, vol. 9, No. 2, p. 175-185.
WO WO	2007149797 A2 12/2007 2008005569 A2 1/2008	Rosenstock, et al., Sitagliptin Study 019 Groups, Efficacy and safety of the dipeptidyl peptidase-4 inhibitor sitagliptin, Clinical Therapeu-
wo	2008005576 A1 1/2008	tics, 2006, vol. 28, Issue 10, p. 1556-1568.
WO	2008017670 2/2008	Rosenstock, J. et al., "Alogliptin added to insulin therapy in patients
WO WO	2008022267 A2 2/2008 2008055870 A1 5/2008	with type 2 diabetes reduces HbA1c without causing weight gain or
WO	2008055940 A2 5/2008	increased hypoglycaemia". Diabetes, Obesity and Metabolishm,
WO	2008070692 A2 6/2008	Dec. 2009, vol. 11. No. 12, p. 1145-1152.
WO WO	2008081205 A1 7/2008 2008083238 A2 7/2008	Russell-Jones, D. et al., "Liraglutide vs insulin glargine and placebo in combination with metformin and sulfonylurea therapy in type 2
WO	2008087198 A1 7/2008	diabetes mellitus (LEAD-5 met+Su): a randomised controlled trial."
WO WO	2008093878 A1 8/2008 2008093882 A1 8/2008	Diabetologia, 2009, vol. 52, pp. 2046-2055.
wo	2008033882 A1	Salomon, J., et al; Ultraviolet and g-Ray-Induced Reactions of
WO	2008130998 A2 10/2008	Nucleic Acid Constituents. Reactions of Purines with Amines; Pho-
WO WO	2008131149 A2 10/2008 2008137435 A1 11/2008	tochemistry and Photobiology (1974) vol. 19 pp. 21-27.
WO	2009011451 A 1/2009	Sarafidis, P. et al., "Cardiometabolic Syndrome and Chronic Kidney Disease: What is the link?" JCMS 2006, 1: p. 58-65.
WO WO	2009022007 A1 2/2009 2009022008 A1 2/2009	Sathananthan, A., et al., "Personalized pharmacotherapy for type 2
WO	2009022008 A1 2/2009 2009022009 A1 2/2009	diabetes mellitus". Personalized Medicine 2009 Future Medicine
WO	2009022010 A1 2/2009	Ltd, vol. 6, No. 4, Jul. 2009, p. 417-422.
WO WO	2009024542 A2	Sauer, R, et al. "Water-soluble phosphate prodrugs of 1-Propargyl-
wo	2009099734 A1 8/2009	7-styrylxanthine derivatives, A2A-selective adenosine receptor
WO	2009111200 A1 9/2009	antagonists". Journal Med. Chem., vol. 43, Issue 3, Jan. 2000, p. 440-448.
WO WO	2009112691 A2 9/2009 2009121945 A2 10/2009	Schmidt, D. et al., "Fibromatosis of Infancy and Childhood Histol-
WO	2009123992 A1 10/2009	ogy, Ultrastructure and Clinicopathologic Correlation." Zeitschrift
WO WO	2009147125 A1 12/2009 2010015664 A1 2/2010	für Kinderchirurgie, 1985, vol. 40, No. 1, pp. 40-46.
wo	2010018217 A2 2/2010	Schwartz, M. S. et al., "Type 2 Diabetes Mellitus in Childhood:
WO	2010029089 A2 3/2010	Obesity and Insulin Resistance". JAOA Review Article, vol. 108, No. 9, Sep. 2008, p. 518.
WO WO	2010045656 A2 4/2010 WO 2010043688 A1 * 4/2010 A61K 31/155	Scientific Discussion: "Eucreas. Scientific discussion". Online Oct.
WO	2010072776 A1 7/2010	2007, p. 1-27, URL:http://www.emea.europa.eu/humandocs/PDFs/
WO WO	2010079197 A1 7/2010 2010086411 A1 8/2010	EPAR/eucreas/H-807-en6.pdf. see point 2. quality aspects pp. 2-4.
wo	2010030411 A1 8/2010 2010092124 A1 8/2010	(EMEA).
WO	2010092125 A1 8/2010	Sedo, A. et al; "Dipeptidyl peptidase IV activity and/or structure homologs: Contributing factors in the pathogenesis of rheumatoid
WO WO	2010092163 A2 8/2010 2010096384 A2 8/2010	arthritis?" Arthritis Research & Therapy 2005, vol. 7, pp. 253-269.
WO	2010106457 A2 9/2010	Shanks, N. et al., Are animal models predictive for humans?, PEHM,
WO WO	2010140111 A1 12/2010 2010147768 A1 12/2010	Philosophy, Ethics, and Humanaities in Medicine, 4(2), 2009, 1-20.
WO	2010147768 A1 12/2010 2011011541 A1 1/2011	Sharkovska, Y., et al., "DPP-4 Inhibition with Linagliptin Delays the Progression of Diabetic Nephropathy in db/db Mice." 48th EASD
WO	2011039337 A1 4/2011	Annual Meeting, Berlin, Abstract 35, Oct. 2012. <a efective="" href="http://www.</td></tr><tr><td>WO
WO</td><td>2011039367 A2 4/2011
2011064352 A1 6/2011</td><td>abstractsonline.com/Plan/ViewAbstract.aspx?sKey=0b0017b9-</td></tr><tr><td>WO</td><td>2011113947 A1 9/2011</td><td>9e90-4695-b9af-b6870e96a921&cKey=8eff47ae-db49-4036-a142-</td></tr><tr><td>WO</td><td>2011138380 A1 11/2011</td><td>848ac0680405&mKey=2dbfcaf7-1539-42d5-8dda-
0a94abb089e8>.</td></tr><tr><td>WO
WO</td><td>2011138421 A1 11/2011
2011161161 A1 12/2011</td><td>Sheperd, Todd M. et al., " management="" obesity."="" of="" td="" the<="">
WO	2011161101 A1 12/2011 2011163206 A2 12/2011	Journal of Family Practice, 2003, vol. 52, No. 1, pp. 34-42.
WO	2012031124 A2 3/2012	Shintani, Maki, et al., "Insulin Resistance and Genes" Circulatory
WO	2012065993 A1 5/2012	Sciences (1997) vol. 17, No. 12 pp. 1186-1188.

OTHER PUBLICATIONS

Silverman, G. et al., "Handbook of Grignard Reagents." 1996, Retrieved online: Reagents&hl=en&sa=X

&ei=g06GU5SdOKngsATphYCgCg

&ved=0CDYQ6AEwAA#v=onepage&q&f=false>.

Singhal, D. et al., "Drug polymorphism and dosage form design: a practical perspective." Advanced Drug Delivery Reviews, 2004, vol. 56, pp. 335-347.

Sortino, M.A. et al., "Linagliptin: a thorough characterization beyond its clinical efficacy." Frontiers in Endocrinology, 2013, vol. 4, Article 16, pp. 1-9.

St. John Providence Health Center, "Preventing Obesity in Children and Teens." Retrieved from internet on Aug. 22, 2013, http://www.stjohnprovidence.org/Health I nfoLib/swarticle.aspx?type=85&id=P07863.

Stahl, P.H., "Handbook of Pharmaceutical Salts" C.G. Wermuth, Wiley-VCH, 2002, pp. 1-374.

Standl, E. et al., "Diabetes and the Heart." Diabetes Guidelines (DDG), 2002, pp. 1-25.

Sune Negre, J. M. "New Galenic Contributions to Administration Forms". Continued Training for Hospital Pharmacists 3.2., (Publication date unavailable), Retrieved from internet on Feb. 23, 2011, http://www.ub.es/legmh/capitols/sunyenegre.pdf.

Suzuki, Y. et al., "Carbon-Carbon Bond Cleavage of a-Hydroxybenzylheteroarenes Catalyzed by Cyanide Ion: Retro-Benzoin Condensation Affords Ketones and Heteroarenes and Benzyl Migration Affords Benzylheteroarenes and Arenecarbaldehydes." Chemical Pharmaceutical Bulletin, 1998, vol. 46(2), pp. 199-206.

Tadayyon, M. et al., "Insulin sensitisation in the treatment of Type 2 diabetes." Expert Opinion Investigative Drugs, 2003, vol. 12, No. 3, pp. 307-324.

Takeda Press Release: "Voglibose (BASEN) for the prevention of type 2 diabetes mellitus: A Randomized, Double-blind Trial in Japanese Subjects with Impaired Glucose Tolerance." 2008, Retrieved online Jul. 6, 2015. https://www.takeda.com/news/2008/20080526_3621.html.

Tamm, E, et al., "Double-blind study comparing the immunogenicity of a licensed DTwPHib-CRM197 conjugate vaccine (Quattvaxem TM) with three investigational, liquid formulations using lower doses of Hib-CRM197 conjugate". Science Direct, Vaccine, Feb. 2005, vol. 23, No. 14, p. 1715-1719.

Tanaka, S.. et al; "Suppression of Arthritis by the Inhibitors of Dipeptidyl Peptidase IV," In. J. Immunopharmac., vol. 19, No. 1, pp. 15-24, 1997.

Targher, G. et al., "Prevalence of Nonalcoholic Fatty Liver Disease and Its Association With Cardiovascular Disease Among Type 2 Diabetic Patients." Diabetes Care, 2007, vol. 30, No. 5, pp. 1212-1218.

Taskinen, M.-R. et al., "Safety and efficacy of linagliptin as add-on therapy to metformin in patients with type 2 diabetes: a randomized, double-blind, placebo-controlled study." Diabetes, Obesity and Metabolism, 2011, vol. 13, pp. 65-74.

Third Party Observation for application No. EP20070728655, May 13, 2013.

Thomas, L, et al: "BI 1356, a novel and selective xanthine beased DPP-IV inhibitor, exhibits a superior profile when compared to sitagliptin and vildagliptin." Diabetologoa, vol. 50, No. Suppl. 1, Sep. 2007, p. S363.

Thomas, L., "Chronic treatment with the Dipeptidyl Peptidase-4 Inhibitor BI 1356[9R)-8-(3-Amino-piperidin-1-yl)-7-but-2-yny1-3-methyl-1(4-methyl-quinazolin-2-ylmethyl)-3,7-dihydro-purine-2,6-dione] Increases Basal Glucagon-Like Peptide-1 and Improves Glycemic Control in Diabetic Rodent Models" The Journal of Pharmacology and Experimental Therapeutics, Feb. 2009, vol. 328, No. 2, pp. 556-563.

Thomas, Leo et al: "(R)-8-(3-Amino-piperidin-1-y1)-7-but-2-ynyl-3-methyl-1- (4-methyl-quinazolin-2-ylmethyl)-3,7-dihydro-purine-2,6-dione (BI 1356), a Novel Xanthine-Based Dipeptidyl Peptidase 4 Inhibitor, Has a Superior Potency and Longer Duration of Action Compared with Other Dipeptidyl Peptidase-4 Inhibitors." Journal of Pharmacology and Experimental Therapeutics, 2008, vol. 325, No. 1, pp. 175-182.

Thornber, C.W., "Isosterism and Molecular Modification in Drug Design." Chemical Society Reviews, 1979, pp. 563-580.

Tounyoubyou, "Symposium-19: Future Perspectives on Incretion Therapy in Diabetes." 2008, vol. 51, Suppl. 1, p. S-71, S19-2.

Tradjenta, Highlights of Prescribing Information (revised Sep. 2012)

Tribulova, N. et al. "Chronic Disturbances in NO Production Results in Histochemical and Subcellular Alterations of the Rat Heart." Physiol. Res., 2000, vol. 49, No. 1, pp. 77-88.

Tsujihata, et al., "TAK-875, an orally available G protein-Coupled receptor 40/Free fatty acid receptor 1 Agonist, Enhances Glucose Dependent Insulin Secretion and improves both Postprandial and Fasting hyperglycemic in type 2 Diabetic rats", J. Pharm Exp. 2011, vol. 339, No. 1, p. 228-237.

Tsuprykov, O. et al., Linagliptin is as Efficacious as Telmisartan in Preventing Renal Disease Progression in Rats with 5/6 Nephrectomy, 73rd Annual Meeting Science Session, ADA, Chicago, Jun. 2013. http://www.abstractsonline.com/Plan/ViewAbstract.

aspx?sKey=e68ac573-fe45-4c2f-9485-6270854fc10b

&cKey=3c387569-04de-4f8c-b025-b358df91ca64

&mKey=%7b89918D6D-3018-4EA9-9D4F-

711F98A7AE5D%7d>.

U.S. Appl. No. 12/724,653, filed Mar. 16, 2010—Xanthine Derivatives, the Preparation Thereof and Their Use as Pharmaceutical Compositions. Inventor: Frank Himmelsbach, et al.

U.S. Appl. No. 12/767,855, filed Apr. 27, 2010—Xanthine Derivatives, the Preparation Thereof and Their use as Pharmaceutical Compositions. Inventor: Frank Himmelsbach, et al.

Chemistry Review: Tradjenta, "NDA 201280, CMC Director Review Tradjenta (Linagliptin) Tablets." Center for Drug Evaluation and Research, Aug. 9, 2010, Retrieved from the internet on Nov. 1, 2013, http://www.accessdata.fda.gov/drugsatfda_docs/nda/2011/201280Orig1s000ChemR.pdf.

Cheon, et al., Biochemical Pharmacology, "Inhibition of dipeptidyl IV by novel inhibitors with pyrazolidine scaffold", 2005, vol. 70, p. 22-29.

Chisari, A. et al. "Sulphinyl, Sulphonyl, and Sulphonium Groups as Leaving Groups in Aromatic Nucleophilic Substitutions." Journal of the Chemical Society, Perkin Transactions II, 1982, pp. 957-959.

Clinical Trial NCT00622284 (published online at clinicaltrials.gov on Feb. 22, 2008).

Clinical Trials. "View of NCT00601250 on Jan. 25, 2008: Efficacy and Safety of BI 1356 vs Placebo added to Metformin Background Therapy in Patients with Type 2 Diabetes" clinical trials. gov Archive, [Online] Jan. 25, 2008 URL:http://clinicaltrials.gov/archive/NCT00601250/2008_01_25 [retrieved on Feb. 27, 2009].

Clinical Trials. NCTO0622284. "Efficacy and safety of BI 1356 in combination with metformin in patients with type 2 diabetes" ClinicalTrials.gov (Online) No. NCT00622284, Feb. 13, 2008, p. 1-5, URL:http://clinicaltrial.gov/ct2/show/.

Clinical Trials. View of NCTO0730275 updated on Aug. 7, 2008. "A study to assess the pharmacokinetics, safety and tolerability of Sitagliptin in adolescents". http://clinicaltrials.gov/archive/NCT00730275/2008_08_07.

Clinical Trials: NCT00954447, View on Jun. 14, 2010. "Efficacy and Safety of Linagliptin in Combination with Insulin in Patients with Type 2 Diabetes". http://clinicaltrials.gov/archive/NCT00954447/2010_06_14.

Clinical Trials: NCT00309608, "Efficacy and Safety of BI 1356 BS (Linagliptin) in Combination With Metformin in Patients With type2 Diabetes" Boehringer Ingelheim Pharmaceuticals, last updated: Dec. 11, 2013.

OTHER PUBLICATIONS

Clinical Trials: NCT00309608. Efficacy and safety of BI 1356 in combination with metformin in patients with type2 diabetes. Boehringer Ingelheim Pharmaceuticals, Jan. 27, 2009. Clinical Trials.gov . http://clinicaltrials.gov/archive/NCT00309608/2009_01_27.

Clinical Trials: NCT00602472. "BI 1356 in combination withe metformin and a sulphonylurea in Type 2 Diabetes". DrugLib.com, Nov. 3, 2008. http://www.druglib.com/tria1/08/NCT00309608.html. Clinical Trials: NCT00622284. Efficacy and Safety of BI 1356 in Combination with Metformin in Patients with Type 2 Diabetes. Boehringer Ingelheim Pharmaceuticals, Aug. 2008. http://clinicaltrials.gov/archive/NCT00622284/2010_01_13.

Clinical Trials: NCT00798161. "Safety and efficacy of Bi 1356 Plus Metformin in Type 2 Diabetes, Factorial Design". Clinical Trials.gov archive. A Service of the U.S> National Institutes of Health. Nov. 24, 2008, p. 1-3. http://clinicaltrials.gov/archive/NCT00798161/2008_11_24.

Combs, D. W. et al., "Phosphoryl Chloride Induced Ring Contraction of 11,4-Benzodiazepinones to Chloromethylquinazolines". J. Heterocyclic Chemistry, BD. 23, 1986, p. 1263-1264.

Conarello, S.L. et al., "Mice lacking dipeptidyl peptidase IV are protected against obesity and insulin resistance". PNAS, May 27, 2003, vol. 100, No. 11, p. 6825-6830.

Conarello, S.L. et al; "Mice lacking dipeptidyl peptidase IV are protected against obesity and insulin resistance," PNAS 2003; 100:6825-6830; originally published online May 14, 2003; information current as of Dec. 2006. www.pnas.org/cgi/content/full/100/11/6825.

Cotton, M.L. et al., "L-649,923—The selection of an appropriate salt form and preparation of a stable oral formulation." International Journal of Pharmaceutics, 1994, vol. 109, Issue 3, pp. 237-249.

Crowe, E. et al., "Early identification and management of chronic kidney disease: summary of NICE guidance." British Medical Journal, 2008, vol. 337, pp. 812-815.

Cygankiewicz, Andrzej et al., Investigations into the Piperazine Derivatives of Dimethylxanthine:, Acta Polon. Pharm. [Papers of Polish Pharmacology], XXXOV, No. 5, pp. 607-612, 1977.

Dave, K.G. et al., "Reaction of Nitriles under Acidic Conditions, Part I. A General Method of Synthesis of Condensed Pyrimidines", J. Heterocyclic Chemistry, BD, 17, 1, ISSN 0022-152X,Nov. 1980, p. 1497-1500.

Dave, Rutesh H. "Overview of pharmaceutical excipients used in tablets and capsules." Drug Topics, Oct. 24, 2008.

Deacon, Carolyn F., et al., "Linagliptin, a xanthine based dipeptyl peptidase-4 inhibitor with an unusual profile for the treatment of type 2 diabetes" Expert Opinion Investig. Drugs 2010, 19 (1) p. 133-140. Deacon, C.F. et al; "Dipeptidyl peptidase IV inhabitation as an approach to the treatment and prevention of type 2 diabetes: a historical perspective;" Biochemical and Biophysical Research Communications (BBRC) 294 (2002) 1-4.

Deacon, C.F., et al. Inhibitors of dipeptidyl peptidase IV: a novel approach for the prevention and treatment of Type 2 diabetes? Expert Opinion on Investigational Drugs, Sep. 2004, vol. 13, No. 9, p. 1091-1102.

Deacon, Carolyn F. et al. "Linaglipitn, a xanthine-based dipeptidyl peptidase-4 inhibitor with an unusual profile for the treatment of type 2 diabetes" Expert Opin. Investig. Drugs (2010) 19(1): 133-140.

Definition of "prevent", e-dictionary, Aug. 15, 2013, http://dictionary.reference.com/browse/prevent.

DeMeester, I. et al.; "CD26, let it cut or cut it down", Review: Immunology Today; Aug. 1999, vol. 20, No. 8 pp. 367-375.

Demuth, H-U. et al., "Type 2 diabetes—Therapy with dipeptidyl peptidase IV inhibitors". Biochimica et Biophysica Acta, vol. 1751(1), 2005, p. 33-44.

Diabetes Frontier, 2007, vol. 18, No. 2, p. 145-148.

Diabetes Health Center, "Diabetic Retinopathy—Prevention." Retrieved online Mar. 22, 2011. www.diabetes.webmd.com/tc/diabetic-retinopathy-prevention http://www.diabetes.webmd.com/tc/diabetic-retinopathy-prevention?print=true.

Diabetesincontrol.com "EASD: Eucreas, a Combination of Galvus and Metformin, Recommended for Approval." Diabetes In Control. com, Sep. 25, 2007, Retrieved from internet on Nov. 30, 2012, http://www.diabetesincontrol.com/articles/53-diabetes-news/5145. Diabetic Neuropathy, Retrieved online Mar. 6, 2012. www.mayoclinic.com/health/diabetic-neuropathy/DS01045/

METHOD=print&DSE http://www.mayoclinic.com/health/diabetic-neuropathy/DS01045/METHOD=print&DSE.

Drucker, et al.., The incretin system: glucagon-like peptide-1 receptor agonists and dipeptidyl peptidase-4 inhibitors in type 2 diabetes. Lancet, 2006, 368: 1696-705.

Dugi, K.A. et al., "BI 1356, a novel xanthine-based DPP-IV inhibitor, exhibits high potency with a wide therapeutic window and significantly reduces postprandial glucose excursions after an oGTT". Diabetologia, vol. 50, No. Suppl 1, Sep. 2007, p. S367, and 43rd Annual Meeting of the European Association for the Study of Diabetes; Amsterdam, Netherlands, Sep. 18-21, 2007.

Dunitz, J. et al., "Disappearing Polymorphs." Acc. Chem. Res. 1995, vol. 28, No. 4, pp. 193-200.

Eckhardt Matthias et al: 8-(3-(R)-aminopiperidin-1-yl)-7-but-2-yny 1-3-methyl-1-(4-methyl-quina zolin-2-ylmethyl)-3,7-dihydropurine-2,6-dione (BI 1356), a highly potent, selective, longacting, and orally bioavailable DPP-4 inhibitor for the treatment of type 2 diabetes: Journal of Medicinal Chemistry, American Chemical Society. Washington.; US, vol. 50, No. 26, Dec. 1, 2007, p. 6450-6453

Eckhardt, M. et al., "3,5-dihydro-imidazo[4,5-d]pyridazin-4-ones: a class of potent DPP-4 inhibitors" Bioorganic & Medicinal Chemistry Letters, Pergamon, Elsevier Science, GB, vol. 18, No. 11, Jun. 1, 2008, pp. 3158-3162, XP022711188.

Edosada, C. Y. et al. "Selective Inhibition of Fibroblast Activation Protein Protease Based on Dipeptide Substrate Specificity." The Journal of Biological Chemistry, 2006, vol. 281, No. 11, pp. 7437-7444. Elrishi M A et al: "The dipeptidyl-peptidase-4 (D::-4) inhibitors: A new class of oral therapy for patients with type 2 diabetes mellitus" Practical Diabetes International Chichester, vol. 24, No. 9, Nov. 1, 2007 pp. 474-482.

eMedicine Health, "Diabetes Causes." Retrieved from internet on Aug. 22, 2013. http://www.onhealth.com/diabetes_health/page3. http://www.onhealth.com/diabetes_health/page3.

Eucreas Scientific Discussion, 2007, p. 1-27, www.emea.europa.eu/humandocs/PD/Fs/EPAR/eucreas/H-807-en6.pdf, Anonymous.

Ferreira, L. et al., "Effects of Sitagliptin Treatment on Dysmetabolism, Inflammation, and Oxidative Stress in an Animal Model of Type 2 Diabetes (ZDF Rat)." Mediators of Inflammation, 2010, vol. 2010, pp. 1-11.

Ferry, Robert Jr., "Diabetes Causes." eMedicine Health, MedicineNet.com, 2013, Retrieved from Internet on Aug. 22, 2013, http://www.onhealth.com/diabetes_health/page3.htm#diabetes_causes.

Florez, J. et al. "TCF7L2 Polymorphisms and Progression to Diabetes in the Diabetes Prevention Program." The New England Journal of Medicine, 2006, vol. 355, No. 3, pp. 241-250.

Florez, Jose C., et al., "TCF7L2 Polymorphisms and progression to diabetes in the diabetes prevention program". New England Journal of Medicine, MA Medical Society, vol. 355, No. 2, Jul. 20, 2006, p. 241-250.

Forst, T. et al., "The Novel, Potent, and Selective DPP-4 Inhibitor BI 1356 Significantly Lowers HbA1c after only 4 weeks of Treatment in Patients with Type 2 Diabetes." Diabetes, Jun. 2007, Poster No. 0504P

Forst, T. T et al., "The oral DPP-4 inhibitor linagliptin significantly lowers HbA1c after 4 weeks of treatment in patients with type 2 diabetes mellitus." Diabetes, Obesity and Metabolism, 2011, vol. 13, pp. 542-550.

Fukushima et al., Drug for Treating Type II Diabetes (6), "action-mechanism of DPP-IV inhibitor and the availability thereof" Mebio, 2009, vol. 26, No. 8, p. 50-58.

Gallwitz, B. "Sitagliptin with Metformin: Profile of a Combination for the Treatment of Type 2 Diabetes". Drugs of Today, Oct. 2007, 43(10), p. 681-689.

OTHER PUBLICATIONS

Gallwitz, B. et al., "2-year efficacy and safety of linagliptin compared with glimepiride in patients with type 2 diabetes inadequately controlled on metformin: a randomised, double-blind, non-inferiority trial." Lancet, 2012, vol. 380, pp. 475-483.

Gallwitz, B. et al., "Saxagliptin, a dipeptidyl peptidase IV inhibitor for the treatment of type 2 diabetes". IDrugs, vol. 11, No. 12, Dec. 2008, p. 906-917.

Gallwitz, B. et al., DPP IV inhibitors for the Treatment of Type 2 Diabetes; Diabetes Frontier (2007) vol. 18, No. 6 pp. 636-642.

Garber, A. J. et al, "Effects of Vildagliptin on Glucose Control in Patients with Type 2 Diabetes Inadequately Controlled with a Sulphonylurea". Diabetes, Obesity and Metabolism (2008) vol. 10 pp. 1047-1055.

Garber, A.J. et al., "Update: Vildaglitin for the treatment of Type 2 diabetes" Expert Opinion on Investigational Drugs, 200801GB, vol. 17, No. 1, Jan. 2008, p. 105-113.

Garcia-Soria, et al., "The dipeptidyl peptidase-4 inhibitor PHX1149 improves blood glucose control in patents with type 2 diabetes mellitus". Diabetes, Obesity and Metabolism, Apr. 2008, vol. 10, No. 4, p. 293-300.

Geka, 2001, vol. 67, No. 11, p. 1295-1299.

Gennaro, Alfonso R. Remington Farmacia, 2003, Spanish copy: p. 828, English copy: pp. 711-712, Preformulation, Chapter 38. Gennaro, Alfonso R., Remington Farmacia, 19th Edition, Spanish copy, 1995, p. 2470.

Gennaro, Alfonso, R; Remington: The Science and Practice of Pharmacy: Oral Solid Dosage Forms; Mack Publishing Company, Philadelphia, PA (1995) vol. II, 19th Edition, Ch. 92 pp. 1615-1649.

Giron, D.; Thermal Analysis and Calorimetric Methods in the Characterisation of Polymorphs and Solvates; Thermochimica Acta (1995) vol. 248 pp. 1-59.

Glucotrol XL (glipizide), package insert, Pfizer, Apr. 1, 2002.

Goldstein, L.A., et al., "Molecular cloning of seprase: a serine integral membrane protease from human melanoma." Biochimica et Biophysica Acta, vol. 1361, 1997, No. 1, pp. 11-19.

Gomez-Perez, et al, "Insulin Therapy:current alternatives", Arch. Med.Res. 36: p. 258-272 (2005).

Graefe-Mody et al., "The novel DPP-4 inhibitor BI 1356 (proposed tradename Ondero) and Metformin can be Safely Co-administered Without Dose Adjustment." Poster No. 553-P ADA Jun. 6-10, 2008, San Francisco http://professional.diabetes.org/content/posters/2008/p553-p.pdf.

Graefe-Mody, et al; Evaluation of the Potential for Steady-State Pharmacokinetic and Pharmacodynamic Interactions Between the DPP-4 Inhibitor Linagliptin and Metformin in Healthy Subjects; Currents Medical Research and Opinion (2009) vol. 25, No. 8 pp. 1963-1972.

Graefe-Mody, U. et al., "Effect of Renal Impairment on the Pharmacokinetics of the Dipeptidyl Peptidase-4 Inhibitor . Linagliptin." Diabetes, Obseity and Metabolism, 2011, pp. 939-946. Greene, T.W, et al., "Protection for the Amino Group". Protective Groups in Organic Synthesis, 3rd edition, 1999, p. 494-653.

Greischel, et al., Drug Metabolism and Deposition, the Dipeptidyl Peptidase-4 Inhibitor Linagliptin Exhibits Time-and Dpse-Dependent Localization in Kidney, Liver, and Intestine after Intravenous Dosing: Results from High Resolution Autoradiography in Rats, 2010, vol. 38, No. 9, p. 1443-1448.

Groop, P.-H. et al., "Effects of the DPP-4 Inhibitor Linagliptin on Albuminuria in Patients with Type 2 Diabetes and Diabetic Nephropathy." 48th EASD Annual Meeting, Berlin, Abstract 36, Oct. 2012. http://www.abstractsonline.com/Plan/ViewAbstract.aspx?sKey=0b0017b9-9e90-4695-b9af-b6870e96a921

&cKey=421edb9c-b940-40f0-b282-8e61245561d5

&mKey=2dbfcaf7-1539-42d5-8dda-0a94abb089e8>.

Guglielmi, C. et al., "Latent autoimmune diabetes in the adults (LADA) in Asia: from pathogenesis and epidemiology to therapy." Diabetes/Metabolism Research and Reviews, 2012, vol. 28, Supplement 2, pp. 40-46.

Gwaltney, S. "Medicinal Chemistry Approaches to the Inhibition of Dipeptidyl Peptidase IV", Current Topics in Medicinal Chemistry, 2008, 8, p. 1545-1552.

Halimi, et al. "Combination treatment in the management of type 2 diabetes" focus on vildagliptin and metformin as a single tablet, Vascualr Health and Risk Management, 2008, 4(3) p. 481-92.

Haluzik, M. et al., "Renal Effects of DPP-4 Inhibitors: A Focus on Microalbuminuria." International Journal of Endocrinology, 2013, vol. 35, No. 6, pp. 1-7.

Hansen, H. et al., "Co-Administration of the DPP-4 Inhibitor Linagliptin and Native GLP-1 Induce Body Weight Loss and Appetite Suppression." 73rd Annual Meeting Science Session, ADA, Chicago, Jun. 21, 2013.

Hashida, Mitsuru, "Strategies for designing and developing oral administration formulations." Yakuji-Jiho, Inc., 1995, pp. 50-51.

Hayashi, Michio., "Recipe for Oral Hypoglycemic Agents to Pathological Condition" Pharmacy (2006) vol. 57, No. 9 pp. 2735-2739.

He, Y. L. et al., "Bioequivalence of Vildagliptin/Metformin Combination Tablets and Coadministration of Vildagliptin and Metformin as Free Combination in Healthy Subjects". J. Clinical Pharmacology, 2007, vol. 47, No. 9, Abstracts of the 36th Annual Meeting of the American College of Clinical Pharmacology, San Francisco, CA, Abstract 116, p. 1210.

He, Y.L. et al., "The influence of hepatic impariment on the pharmacokinetics f the dipeptidyl peptidase IV (DPP-4) inhibitor vildagliptin" European Journal of Clinical Pharmacology, vol. 63, No. 7, May 8, 2007, p. 677-686.

Headland, K. et al., "The Effect of Combination Linagliptin and Voglibose on Glucose Control and Body Weight." 73rd Annual Meeting Science Session, ADA, Chicago, Jun. 21, 2013.

Heihachiro, A. et al., "Synthesis of Prolyl Endopeptidase Inhibitors and Evaluation of Their Structure-Activity Relationships: In Vitro Inhibition of Prolyl Endopeptidase from Canine Brain." 1993, Chemical and Pharmaceutical Bulletin, vol. 41, pp. 1583-1588.

Heise, et al., Diabetes, Obesity and Metabolism, "Pharmacokinetics, pharmacokinetics and tolerability of mutilple oral doses of linagliptin, a dipeptidyl peptidase-4 inhibitor in male type 2 diabetes patients", 2009, vol. 11, No. 8, p. 786-794.

Heise, T. et al., "Treatment with BI 1356, a Novel and Potent DPP-IV Inhibitor, Significantly Reduces Glucose Excursions after an oGTT in Patients with Type 2 Diabetes." A Journal of the American Diabetes Association, Jun. 2007, vol. 56, Supplement 1, Poster No. 0588P.

Herman, G. A. et al., "Dipeptidyl Peptidase-4 Inhibitors for the Treatment of Type 2 Diabetes: Focus on Sitagliptin." Clinical Pharmacology and Therapeutics, 2007, vol. 81, No. 5, pp. 761-767.

Herman, Gary et al. "Co-Administration of MK-0431 and Metformin in Patients with Type 2 Diabetes Does Not Alter the Pharmacokinetics of MK-0431 or Metformin" (2005) Journal of American Diabetes Association vol. 54, Supplement 1, 3 pgs.

Hermann, Robert, et al; Lack of Association of PAX4 Gene with Type 1 Diabetes in the Hungarian Populations; Diabetes (2005) vol. 54 pp. 2816-2819.

Hermansen, K., "Efficacy and Safety of the Dipeptidyl Peptidase-4 Inhibitor, Sitagliptin, in Patients with Type 2 Diabetes Mellitus Inadequately Controlled on Glimepiride Alone or on Glimepiride and Metformin". Diabetes, Obesity and Metabolism (2007) vol. 9, No. 5 pp. 733-745.

Hilfiker, R. et al., "Relevance of Solid-state Properties for Pharmaceutical Products." Polymorphism in the Pharmaceutical Industry, 2006, Chapter 1, pp. 1-19.

Hocher, B. et al., "Renal and Cardiac Effects of DPP-4 Inhibitors—from Preclinical Development to Clinical Research." Kidney & Blood Pressue Research, 2012, vol. 36, No. 1, pp. 65-84.

Hocher, B. et al., "The novel DPP-4 inhibitors linagliptin and BI 14361 reduce infarct size after myocardial ischemia/reperfusion in rats." International Journal of Cardiology, 2013, vol. 167, pp. 87-93. Holman, et al., "Addition of biphasic, prandial, or basal insulin to oral therapy in type 2 diabetes", N. England Journal Medicine, p. 1716-1730, 2007.

Horsford, E. N. "On the source of free hydrochloric acid in the gastric juice." Proceedings of the Royal Society of London, Published in 1868-1869, vol. 17, pp. 391-395.

OTHER PUBLICATIONS

Hu, Y. et al., "Synthesis and Structure-activity Relationship of N-alkyl Gly-boro-Pro Inhibitors of DPP4, FAP, and DPP7." Bioorganic & Medicinal Chemistry Letters 15, 2005, pp. 4239-4242. Huettner Silks et al: "BI 1356, a novel and selective xanthine based DPP-IV inhibitor, demonstrates good safety and tolerability with a wide therapeutic window" Diabetes< American Diabetes Association, US, vol. 56, No. Suppl 1, Jun. 1, 2007, p. A156.

Hull, R. et al., "Nephrotic syndrome in adults." British Medical Journal, 2008, vol. 336, pp. 1185-1190.

Hunziker, D. et al, "Inhibitors of DPP IV-recent advances and structural views", Current Topics in Medicinal Chemistry, 2005, vol. 5 issue 16, pp. 1623-1637.

Huttner, S. et al., "Safety, Tolerability, Pharmacokinetics, and Pharmacodynamics of Single Oral Doses of BI 1356, an Inhibitor of Dipeptidyl Peptidase 4, in Healthy Male Volunteers." Journal of Clinical Pharmacology, 2008, vol. 48, No. 10, pp. 1171-1178.

International Search Report and Written Opinion for PCT/EP2012/063852 mailed Sep. 6, 2012.

Inukai, T., "Treatment of Diabetes in Patients for Whom Metformin Treatment is Not Appropriate." Modern Physician, 2008, vol. 28, No. 2, pp. 163-165.

Isomaa, B. et al., "Cardiovascular Morbidity and Mortality Associated With the Metabolic Syndrome." Diabetes Care, 2001, vol. 24, No. 4, pp. 683-689.

Iwamoto, Yasuhiko, "Insulin Glargine." Nippon Rinsho, 2002, vol. 60, Suppl. 9, pp. 503-515.

Januvia; Patient Information; 2010.

Johansen, O. E. et al., "Cardiovascular safety with linagliptin in patients with type 2 diabetes mellitus: a pre-specified, prospective, and adjudicated meta-analysis of a phase 3 programme." Cardiovascular Diabetology, Biomed Central, 2012, vol. 11, No. 1, pp. 1-10. Johansen, O.E. et al., "b-cell Function in Latnet Autoimmune Diabetes in Adults (LADA) Treated with Linagliptin Versus Glimepiride: Exploratory Results from a Two Year Double-Blind, Randomized, Controlled Study." www.abstractsonline.com, Jun. 10, 2012, XP-002708003.

John Hopkins Children's Center, "Liver Disorders and Diseases." Retrieved online May 26, 2014 http://www.hopkinschildrens.org/non-alcoholic-fatty-liver-diseases.aspx>.

Jones, R.M. et al., "GPR119 agonists for the treatment of type 2 diabetes". Expert Opinion on Therapeutic Patents 2009 Informa Healthcare for GBR LNKSD—DOI: 10.1517/13543770903153878, vol. 19, No. 10, Oct. 2009, p. 1339-1359.

Kanada, S. et al., "Safety, tolerability, pharmacokenetics and pharmacodynamics of multiple doses of BI 1356 (proposed trade Ondero), a dipeptidyl peptidase 4 inhibitor, in Japanese patients with type 2 diabetes" Diabetes, vol. 57, No. Suppl. 1, Jun. 2008, p. A158-A159 and 68th Annual Meeting of the American Diabetes Association: San Francisco, CA, Jun. 6-10, 2008.

Kelly. T., "Fibroblast activation protein-cx and dipeptidyl peptidase IV (CD26)P: Cell-surface proteases that activate cell signaling and are potential targets for cancern therapy". Drug Resistence Update 8, 2005, vol. 8, No. 1-2, pp. 51-58.

Kendall, D. M. et al., "Incretin Mimetics and Dipeptidyl Peptidase-IV Inhibitors: A Review of Emerging Therapies for Type 2 Diabetes." Diabetes Technology & Therapeutics, 2006, vol. 8, No. 3, pp. 385-

Kharkevich, D. A., "Educational Literature" Pharmacology (1987) Third Edition, Meditsina Press, Moscow pp. 47-48.

Kibbe, A., Editor. Handbook of Pharmaceutical Excipients, Third Edition, Copovidon—pp. 196-197, Date of Revision: Dec. 16, 2008. Mannitol—pp. 424-425, Date of Revision: Feb. 19, 2009, Published in 2009.

Kidney Disease (Nephropathy), Retrieved online May 13, 2013. www.diabetes.org/living-with-diabetes/complications/kidney-disease-nephropathy.html http://www.diabetes.org/living-with-diabetes/complications/kidney-disease-nephropathy.html>

Kim, D. et al., "(2R)-4-Oxo-4-(3-(Trifluoremethyl)-5,6-dihydro[1,2,4]triazolo[4,3-a]pyrazin-7(8H)-yl]-1-(2,4,5-

trifluorophenyl)butan-2-amine: A Potent, Orally Active Dipeptidyl Peptidase IV inhibitor for the Treatment of Type 2 Diabetes." Journal Med. Chem, 2005, 48, p. 141-151.

Kim, Kwang-Rok et al., "KR-62436, 6-{2-{2-(5-cyano4,5-dihydropyrazol-1-yl)-2-oxoethylamino}ethylamino}

nicotinonitrile, is a novel dipeptidyl peptidase-IV (DDP-IV inhibitor with anti-hyperglycemic activity" European Journal of Pharmacology 518, 2005, p. 63-70.

Klein, T. et al., "Linagliptin alleviates hepatic steatosis and inflammation in a mouse model of non-alcoholic steatohepatitis." Medical Molecular Morphology, 2014, vol. 47, pp. 137-149.

Knorr, M. et al., "Comparison of Direct and Indirect Antioxidant Effects of Linagliptin (BI 1356, Ondero) with other Gliptins—Evidence for Anti-Inflammatory Properties of Linagliptin". Free Radical Biology and medicine, Elsevier Science, U.S. vol. 49, Oct. 23, 2010, p. \$197

Komori, Kiyoshi., "Treatment of Diabetes in Patients for Whom Metforming Treatment is Not Appropriate" Modern Physician (2008) vol. 28, No. 2 pp. 163-165.

Konstantinou, D. M. et al., "Pathophysiology-based novel pharmacotherapy for heart failure with preserved ejection fraction." Pharmacology & Therapeutics, 2013, vol. 140, No. 2, pp. 156-166. Korom, S. et al; Inhibition of CD26/dipeptidyl peptidase IV activity in vivo prolongs cardiac allograft survival in rat recipients 1, 2, Transplantation, May 27, 1997, vol. 63, No. 10, pp. 1495-1500.

Kroller-Schön, S. et al., "Glucose-independent Improvement of Vascular Dysfunction in Experimental Sepsis by Dipeptidyl Peptidase-4 Inhibition." Cardiovascular Research, 2012, vol. 96, No. 1, pp. 140-149

Lakatos, P. L. et al., "Elevated Serum Dipeptidyl IV (CD26, EC 3.4.14.5) Activity in Experimental Liver Cirrhosis." European Journal of Clinical Investigation, 2000, vol. 30, No. 9, pp. 793-797.

Lakatos, P. L. et al., "Elevated serum dipeptidyl peptidase IV (CD26, EC 3.4.14.5) activity in patients with primary biliary cirrhosis." Journal of Hepatol, 1999, vol. 30, p. 740.

Lambier, A.M. et al., Dipeptidyl-Peptidase IV from Bench to Bedside: An Update on Structural Properties, Functions, and Clinical Aspects of the Enzyme DPP IV. Critical Reviews in Clinical Laboratory Sciences, 2003, 40(3), p. 209-294.

Lee Jones, K. et al., "Effect of Metformin in Pediatric Patients With Type 2 Diabetes." Diabetes Care, 2002, vol. 25, No. 1, pp. 89-94.

Leibovitz, E. et al., "Sitagliptin pretreatment in diabetes patients presenting with acute coronary syndrome: results from the Acute Coronary Syndrome Israeli Survey (ACSIS)." Cardiovascular Diabetology, 2013, vol. 12, No. 1, pp. 1-7.

Levien, T.L. et al, "New drugs in development for the treatment of diabetes", Diabetes Spectrum, American Diabetes Association, US, vol. 22, No. 2, Jan. 1, 2009, pp. 92-106.

Lim, S. et al., "Effect of a Dipeptidyl Peptidase-IV Inhibitor, Des-Fluoro-Sitagliptin, on Neointimal Formation after Balloon Injury in Rats." Plos One, 2012, vol. 7, No. 4, pp. 1-11.

Lovshin, J.A. et al., "Incretin-based therapies for type 2 diabetes mellitus." Nature Reviews Endocrinology, 2009, vol. 5, pp. 262-269. Lyssenko, V. et al., "Mechanisms by which common variants in the TCF7L2 gene increase risk of type 2 diabetes." The Journal of Clinical Investigation, 2007, vol. 117, No. 8, pp. 2155-2163.

March, J. "Advanced Organic Chemistry: Reactions, Mechanisms, and Structure". Fourth Edition, 1992, pp. 652-653.

Matsumiya, Teruhiko, et al., "Therapeutic Drugs for Clinicians" Diagnosis and Treatment (2008) vol. 96, No. 2 pp. 389-390.

Mayo Clinic Staff: "Nonalchoholic fatty liver disease: Prevention" [retrieved on Nov. 30, 2012]. retrieved from the Internet: ,URL: http://www.mayoclinic.com/health/nonalcoholic-fatty-liver-disease/DS00577DSECTION=prevention>.

McNay, David E.G. et al., "High fat diet causes rebound weight gain." Molecular Metabolism, 2013, vol. 2, pp. 103-108.

Medline Plus, "Obesity" 2013, Retrieved from internet on Aug. 22, 2013, http://www.nlm.nih.gov/medlineplus/obesity.html.

Meece, J. "When Oral Agents Fail: Optimizing Insulin Therapy in the Older Adult". Consultant Pharmacist, The Society, Arlington, VA US. vol. 24, No. Suppl B, Jun. 1, 2009, p. 11-17.

OTHER PUBLICATIONS

Mendes, F.D, et al. "Recent advances in the treatment of non-alcoholic fatty liver disease". Expert Opinion on Investigational Drugs, vol. 14, No. 1, Jan. 1, 2005, p. 29-35.

Merck: "Initial Therapy with Janumet (sitagliptin/metformin) provided significantly greater blood sugar lowering compared to metformin alone in patients with type 2 diabetes". Webwire.com, Jun. 8, 2009, p. 1-4. http://www.webwire.com/ViewPressRel.asp?ald=96695.

Naik, R. et al., "Latent Autoimmune Diabetes in Adults." The Journal of Clinical Endocrinology and Metabolism, 2009, vol. 94, No. 12, pp. 4635-4644.

Nathan, D. et al., "Management of Hyperglycemia in Type 2 Diabetes: A Consensus Algorithm for the Initiation and Adjustment of Therapy." Diabetes Care, Aug. 2006, vol. 29, No. 8, pp. 1963-1972. National Program for Care Guidelines, "Type 2 Diabetes mellitus." 2002, First Edition, pp. 1-50.

Nauck, M. A. et al., "Efficacy and Safety of Adding the Dipeptidyl Peptidase-4 Inhibitor Alogliptin to Metformin Therapy in Patients with Type 2 Diabetes Inadequately Controlled with Metformin Monotherapy: A Multicentre, Randomised, Double-Blind, Placebo-Cotrolled Study." Clinical Practice, 2008, vol. 63, No. 1, pp. 46-55. Nauck, M. A. et al., "Efficacy and Safety of the Dipeptidyl Peptidase-4 Inhibitor, Sitagliptin, Compared with the Sulfonylurea, Glipizide, in Patients with Type 2 Diabetes Inaduately Controlled on Metformin alone: A Randomized, Double-Blind, Non-Inferiority Trial." Diabetes Obesity and Metabolism, 2007, vol. 9, No. 2, pp. 194-205.

Nielsen, L., "Incretin Mimetics and DPP-IV Inhibitors for the Treatment of Type 2 Diabetes." DDT, 2005, vol. 10, No. 10, pp. 703-710. Nihon Ijinpo, Japan Medicinal Journal, 2001, No. 4032, p. 137.

O'Farrell, et al., "Pharmacokinetic and Pharmacodynamic Assessments of the Dipeptidyl Peptidase-4 Inhibitor PHX1149: Double-Blind, Placebo-controlled, Single-and Multiple-Dose Studies in Healthy Subjects". Clinical Therapeutics, Excerpta Medica, Princeton, NJ, vol. 29, No. 8, 2007, p. 1692-1705.

Office Action for U.S. Appl. No. 10/695,597 mailed May 2, 2008. Patani George A. et al.: "Bioisoterism: A Rational Approach in Drug

Design", Chemical Reviews, 1996, vol. 96, No. 8, pp. 3147-3176. Pearson, E. R. et al., "Variation in TCF7L2 Influences Therapeutic Response to Sulfonylureas." Diabetes, 2007, vol. 56, pp. 2178-2182. Pei, Z.: "From the bench to the bedside: Dipeptidyl peptidase IV inhibitors, a new class of oral antihyperglycemic agents" Current Opinion in Drug Discovery and Development, Current Drugs, London, GB vol. 11, No. 4, Jul. 1, 2008 pp. 512-532.

Plummer, C.J.G. et al., "The Effect of Melting Point Distributions on DSC Melting Peaks." Polymer Bulletin, 1996, vol. 36, pp. 355-360. Pospisilik, et al; Dipeptidyl Peptidase IV Inhibitor Treatment Stimulates?—Cell Survival and Islet Neogenesis in Streptozotocin-Induced Diabetic Rats; Diabetes, vol. 52, Mar. 2003 pp. 741-750.

Uhlig-Laske, B. et al., "Linagliptin, a Potent and Selective DPP-4 Inhibitior, is Safe and Efficacious in Patients with Inadequately Controlled Type 2 Diabetes Despite Metformin Therapy". 535-P Clinical Therapeutics/New Technology—Pharmacologic Treatment of Diabetes or Its Complications, Posters, vol. 58, Jun. 5, 2009, p. A143. United Healthcare, "Diabetes." Retrieved from internet on Aug. 22, 2013, http://www.uhc.com/source4women/health_topics/diabetesirelatedinformation/

 $dOf 0417b 073b f 11OV gn VCM 1000002f 1Ob 1Oa_.\ htm.$

Vichayanrat, A. et al., "Efficacy and safety of voglibose in comparison with acarbose in type 2 diabetic patients." Diabetes Research and Clinical Practice, 2002, vol. 55, pp. 99-103.

Villhauer, E.B., "1-[[3-Hydroxy-1-adamantyl)amino]acetyl]-1-cyano-(S)-pyrrolidine: A Potent, Selective, and Orally Bioavailable Dipeptidyl Peptidase IV Inhibitor with Antihyperglycemic Properties" Journal Med. Chem, 2003, 46, p. 2774-2789.

Villhauer, E.B., et al., "1-{2-{5-Cyanopyridin-2-yl)amino}-ethylamino}acetyl-1-1(S)-pyrrolidine-carbonitrile: A Potent, Selective, and Orally Bioavailable Dipeptidyl Peptidase IV Inhibitor with Antihyperglycemic Properties". Journal of Medical Chemistry, 2002, vol. 45, No. 12, p. 2362-2365.

Wang Y et al: "BI-1356. Dipeptidyl-peptidase IV inhibitor, antidiabetic agent" Drugs of the Future, Prous Science, ES,vol. 33, No. 6, Jun. 1, 2008, pp. 473-477.

Weber, Ann E., "Dipeptidyl Peptidase IV Inhibitors for the Treatment of Diabetes." Journal of Medicinal Chemistry, 2004, vol. 47, pp. 4135-4141

WebMD, Autoimmune Diseases: What Are They? Who Gets Them? "What Are Autoimmune Disorders?" 2015, pp. 1-3. Retrieved online Jul. 9, 2015. http://www.webmd.com/a-to-z-guides/autoimmune-diseases.

Wertheimer, et al., "Drug Delivery Systems improve pharmaceutical profile and faciliate medication adherence", Adv. Therapy 22: p. 559-577 (2005).

White, John R. Jr., "Dipeptidyl Peptidase-IV Inhibitors: Phamacological Profile and Clinical Use". Clinical Diabetes, Apr. 2008, vol. 26, No. 2, pp. 53-57.

Wikipedia, Annulation. Jun. 23, 2008, http://en.wikipedia.org/wiki/Annelation.

Williams-Herman, D. et al., "Efficacy and safety of initial combination therapy with sitagliptin and metformin in patients with type 2 diabetes: a 54-week study". Current Medical Research and Opinion, Informa Healthcare, GB, vol. 25, No. 3, Jan. 2009, p. 569-583.

Witteles, R. M. et al., "Dipeptidyl Peptidase 4 Inhibition Increases Myocardial Glucose Uptake in Nonischemic Cardiomyopathy." Journal of Cardiac Failure, 2012, vol. 18, No. 10, pp. 804-809.

Wolff, M.E.: "Burger's Medicinal Chemistry and Drug Discovery" Fifth Edition, vol. 1: Principles and Practice, pp. 975-977, 1994, John Wiley & Sons, Inc.

World Health Organization (WHO). "Addendum 1 to "The use of stems in the selection of International Nonproprietary names (INN) for pharmaceutical substances" Online Jun. 19, 2007, pp. 1-3, retrieved from URL: http://www.who.int/medicindedocs/index/assoc/s1414e/s1414e.pdf.

X-Ray Diffraction. The United States Pharmacopeia, 2002, USP 25 NF20, p. 2088-2089.

Yamagishi, S. et al., "Pleiotropic Effects of Glucagon-like Peptide-1 (GLP-1)-Based Therapies on Vascular Complications in Diabetes." Current Pharmaceutical Design, 2012, vol. 17, pp. 4379-4385.

Yasuda, et al. "E3024 3-but-2-yny1-5-methyl-2-piperazin-1-yl-3,5-dihydro-4H-imidazol [4,5-d]pyridazin-4-one tosylate, is a move, selective and competitive dipeptidyl peptidase-IV inhibitor". European Journal of Pharmacology, vol. 548, No. 1-3, Oct. 24, 2006, p. 181-187. Abstract.

Yoshikawa, Seiji et al.: Chemical Abstract of Japanese Patent No. WO 2003/104229 Preparation of purinone derivatives as dipeptidylpeptidase IV (DPP-IV) inhibitors, 2003.

Youssef, S. et al., "Purines XIV. Reactivity of 8-Promo-3,9-dimethylxanthine Towards Some Nucleophilic Reagents." Journal of Heterocyclic Chemistry, 1998, vol. 35, pp. 949-954.

Zejc, Alfred, et al; "Badania Nad Piperazynowymi Pochodnymi Dwumetyloksantyn" Acta Polon Pharm, XXXV (1976) Nr. 4 pp. 417-421.

Zhimei, Xiao et al., "Study progression of oral drugs for treatment of type II diabetes." Drug Evaluation, 2004, vol. 1, No. 2, pp. 138-143. Zhong, Qing et al; "Glucose-dependent insulinotropic peptide stimulates proliferation and TGF-? release from MG-63 cells," Peptides 24 (2003) 611-616.

Zhu, G. et al., "Stabilization of Proteins Encapsulated in Cylindrical Poly(lactide-co-glycolide) Implants: Mechanism of Stabilization by Basic Additives." Pharmaceutical Research, 2000, vol. 17, No. 3, pp. 351,357

Zimmer et al; Synthesis of 8-Substituted Xanthines and their Oxidative Skeleton Rearrangement to 1-Oxo-2,4,7,9-tetraazaspiro[4,5]dec-2-ene-6,8,10-triones; Euripean Journal Organic Chemistry (1999) vol. 9 pp. 2419-2428.

Abstract in English for German DE10109021, 2002.

Abstract in English for German DE2205815, 1972.

Abstract in English for German EP0023032, 1981.

OTHER PUBLICATIONS

Abstract in English for JP 2002/348279, Dec. 4, 2002. Abstract in English for JP 2003/286287, Oct. 10, 2003.

Abstract in English, for KR20070111099, Nov. 11, 2007.

Adebowale, K.O. et al., "Modification and properties of African yam bean (Sphenostylis stenocarpa Hochst. Ex A. Rich.) Harms starch I: Heat moisture treatments and annealing." Food Hydrocolloids, 2009, vol. 23, No. 7, pp. 1947-1957.

Ahren, Bo, et al; Improved Meal-Related b-Cell Function and Insulin Sensitivity by the Dipeptidyl Peptidase-IV Inhibitor Vildagliptin in Metformin-Treated Patients with Type 2 Diabetes Over 1 Year; Diabetes Care (2005) vol. 28, No. 8 pp. 1936-1940.

Ahren, Bo; "DPP-4 inhibitors", Best practice and research in clinical endocrinology and metabolism—New therapies for diabetes 200712 GB LNKD—DO1:10.1016/J. Beem.2007.07.005, vol. 21, No. 4, Dec. 2007, pp. 517-533.

Al-Masri, I.M. et al., "Inhibition of dipeptidyl peptidase IV (DPP IV) is one of the mechanisms explaining the hypoglycemic effect of berberine." Journal of Enzyme Inhibition and Medicinal Chemistry, 2009, vol. 24, No. 5, pp. 1061-1066.

Alter, M. et al., "DPP-4 Inhibition on Top of Angiotensin Receptor Bockade Offers a New Therapeutic Approach for Diabetic Nephropathy." Kidney and Blood Pressue Research, 2012, vol. 36, No. 1, pp. 119-130.

American Diabetes Association, "Standards of Medical Care in Diabetes-2008." Diabetes Care, Jan. 2008, vol. 31, Supplement 1, pp. \$12,854

Anonymous, Clinicaltrials.gov, 2008, No. NCT00622284, "Efficacy and Safety of BI 1356 in combination with metformin in patients with type 2 diabetes" p. 1-5.

Anstee, Quentin M. et al. "Mouse models in non-alcholic fatty liver disease and steatohepatitis research" (2006) International Journal of Expermental Pathology, vol. 87, pp. 1-16.

Augeri, D.J. "Discovery and Preclinical Profile of Saxagliptin (GMB-477118): A Highly Potent, Long-Acting, Orally Active Dipeptidyl Peptidase IV Inhibitor for the Treatment of Type 2 Diabetes". Journal Med. Chem, 2005, vol. 48, No. 15, p. 5025-5037.

Augusti, D.V. et al., "Quantitative determination of the enantiomeric composition of thalidomide solutions by electrospray ionizatio tandem mass spectrometry". Chem Comm, 2002, p. 2242-2243.

Augustyns, K. et al., The Unique Properties of Dipeptidyl-peptidase IV (DPP IV/CD 26) and the Therapeutic Potential of DPP-IV Inhibitors, Current Medicinal Chemistry, vol. 6, No. 4, 1999, pp. 311-327. Aulinger, B.A. et al., "Ex-4 and the DPP-IV Inhibitor Vildagliptin have Additive Effects to Suppress Food Intake in Rodents". Abstract No. 1545-P, 2008.

Baetta, R. et al., "Pharmacology of Dipeptidyl Peptidase-4 Inhibitors." Drugs, 2011, vol. 71, No. 11, pp. 1441-1467.

Balaban, Y.H.et al., "Dipeptidyl peptidase IV (DDP IV) in NASH patients" Annals of Hepatology, vol. 6, No. 4, Oct. 1, 2007, pp. 242-250, abstract.

Balbach, S. et al., "Pharmaceutical evaluation of early development candidates the 100 mg-approach." International Journal of Pharmaceutics, 2004, vol. 275, pp. 1-12.

Balkan, B. et al, "Inhibition of dipeptidyl peptidase IV with NVP-DPP728 increases plasma GLP-1 (7-36 amide) concentrations and improves oral glucose tolerance in obses Zucker rates". Diabetologia, 1999, 42, p. 1324-1331.

Bastin, R.J. et al., "Salt Selection and Optimization Procedures for Pharmaceutical New Chemical Entities". Organic Process Research and Development, 2000, vol. 4, p. 427-435.

Beljean-Leymarie et al., Hydrazines et hydrazones hétérocycliques. IV. Synthèses de dérivés de l'hydrazine dans la série des imidazo[4,5-d]pyridazinones-4, Can. J. Chem., vol. 61, No. 11, 1983, pp. 2563-2566

Berge, S. et al., "Pharmaceutical Salts." Journal of Pharmaceutical Sciences, 1977, vol. 66, No. 1, pp. 1-19.

Bernstein, Joel "Polymorphism in Molecular Crystals." Oxford University Press, 2002, p. 9.

Blech, et al, Drug Metabolism and Deposition, "The Metabolism and Disposition of the Oral Dipeptidyl Peptidase-4 Inhibitor, Linagliptin, in Humans", 2009, vol. 38, No. 4, p. 667-678.

Bollag, R.J. et al; "Osteoblast-Derived Cells Express Functional Glucose-Dependent Insulinotropic Peptide Receptors," Endocrinology, vol. 141, No. 3, 2000, pp. 1228-1235.

Borloo, M. et al. "Dipeptidyl Peptidase IV: Development, Design, Synthesis and Biological Evaluation of Inhibitors." 1994, Universitaire Instelling Antwerpen, vol. 56, pp. 57-88.

Bosi, E. et al., "Effects of Vildagliptin on Glucose Control Over 24 Weeks in Patients With Type 2 Diabetes Inadequately Controlled With Metformin." Diabetes Care, 2007, vol. 30, No. 4, pp. 890-895. Boulton, D.W. et al., "Safety, Tolerability, Pharmacokinetics and Pharmacodynamics of Once-Daily Oral Doses of Saxagliptin for 2 Weeks in Type 2 Diabetic and Healthy Subjects." Diabetes, 2007, Supplement 1, vol. 56, pp. A161.

Brazg, R. et al: "Effect of adding sitagliptin, a dipeptidyll peptidase-4 inhibitor, to metformin on 24-h glycaemic control and beta-cell function in patients with type 2 diabetes." Diabetes, Obesity and Metabolism, Mar. 2007, vol. 9, No. 2, Mar. 2007 pp. 186-193.

Brazg, Ronald, et al; Effect of Adding MK-0431 to On-Going Metforming Therapy in Type 2 Diabetic Patients Who Have Inadequate Glycemic Control on Metformin; Diabetes ADA (2005) vol. 54, Suppl. 1 p. A3.

Brittain, H.G., "Methods for the Characterization of Polymorphs: X-Ray Powder Diffraction," Polymorphism in Pharmaceutical Solids, 1999, p. 235-238.

Bundgaard, H. "Design of prodrugs: Bioreversible derivatives for various functional groups and chemical entities". Royal Danish School of Pharmacy, 1985, p. 1-92.

Busso et al., "Circulating CD26 is Negatively Associated with Inflammation in Human and Experimental Arthritis," Am. J. Path., vol. 166, No. 2, Feb. 2005, pp. 433-442.

Byrn, Stephen R. "Solid-State Chemistry of Drugs." Academic Press, 1982, pp. 1-27.

Caira, M.R., "Crystalline polymorphism of organic compounds" Topics in Current Chemistry, Springer, Berlin, vol. 198, 1998, p. 163-208.

Campbell, R. Keith "Rationale for Dipeptidyl Peptidase 4 Inhibitors: A New Class of Oral Agents for the Treatment of Type 2 Diabetes Mellitus." The Annals of Pharmacotherapy, Jan. 2007, vol. 41, pp. 51-60.

Chan, J.C. et al., "Safety and efficacy of sitagliptin in patients with type 2 diabetes and chronic renal insufficiency." 2008, Diabetes, Obesity and Metabolism, vol. 10, pp. 545-555.

Charbonnel, B. et al., "Efficacy and Safety of the Dipeptidyl Peptidase-4 Inhibitor Sitagliptin Added to Ongoing Metformin Therapy in Patients With Type 2 Diabetes Inadequately Controlled With Metformin Alone." Diabetes Care, 2006, vol. 29, No. 12, pp. 2638-2643.

Chaykovska, L. et al., "Effects of DPP-4 Inhibitors on the Heart in a Rat Model of Uremic Cardiomyopathy." www.plosone.org, 2011, vol. 6, No. 11, p. e27861.

ChemGaroo, "Leaving Group." 1999, Retrieved online: http://www.chemgapedia.de/vsengine/vlu/vsc/en/ch/12/oc/vluorganik/substitution/sn _2/sn 2. vlu/Page/vsc/en/ch/12/oc/substitution/sn _2/abgangsgrupen/abgangsgruppe. vscml.html.

Chemical Abstract. EP412358, 1991:185517, Findeisen.

Chemical Abstract: FR2707641, 1995:543545, Dodey.

Chemical Abstract: No. 211513-37-0—Dalcetrapib. "Propanethioic acid, 2-methyl-,S-(2-[[[1-(2-ethylbutyl)cyclohexyl] carbonyl]amino]pheyl]ester". Formula: C23 H35 N O2 S. American Chemical Society. Sep. 20, 1998.

Chemical Abstract: No. 875446-37-0—Anacetrapib. "2-Oxazolidinone, 5-[3,5-bis(trifluoromethyl)phenyl]-3[[4'fluoro-2'-methoxy-5'-(1-methylethyl)-4-(trifluoromethyl)[1,1-biphenyl]-2-yl]methyl]-4-methyl-,(4S,5R)-" Formula: C30 H25 F10 N O3. American Chemical Society, Feb. 28, 2006.

OTHER PUBLICATIONS

Chemical Abstracts Accession No. 106:95577 Romanenko et al., "Synthesis and Biological Activity of 3-Methyl, 7- or 8-alkyl-7,8dialkyl, heterocyclic, and cyclohexylaminoxanthines," Zaporozh. Med. Institute (1986).

Chemical Abstracts Accession No. 1987:95577: Abstract of Romanenko et al., "Synthesis and biological activity of 3-methyl,

7- or 8-alkyl, 7,8-dialkyl, heterocyclic, and cyclohexylaminoxanthines," Zapoeozh, USSR, Farmatsevtichnii Zhurnal, 1986, (Kiev), vol. 5, 1986, pp. 41–44.

Chemical Abstracts Service, Database Accession number No. RN 668270-12-01, 2004, "1H-Purine-2,6-dione, 8- [(3R)-3-amino-1-piperidiny1]-7-(2-butyn-1-yl)-3,7-dihydro-3-methyl-1-[(4-methyl-2-quinazolinyl)methyl]".

^{*} cited by examiner

SUBSTITUTED QUINAZOLINES, THE PREPARATION THEREOF AND THE USE THEREOF IN PHARMACEUTICAL COMPOSITIONS

The present invention provides substituted quinazolines of formula (I)

$$\begin{array}{c} N \\ N \\ N \\ N \\ CH_3 \\ \end{array}$$

wherein the groups X and Y are as defined hereinafter, including the tautomers, stereoisomers (e.g. enantiomers, diastereomers), mixtures and salts thereof, particularly the physiologically acceptable salts thereof with inorganic or organic acids, which have interesting properties. For example, they have pharmacological properties such as e.g. an inhibitory effect on the activity of the enzyme dipeptidylpeptidase-IV (DPP-IV) and can be used in the in the pharmaceutical industry for the production of pharmaceutical compositions for use in human and/or veterinary medicine.

The present invention relates to the compounds of formula (I), the tautomers, stereoisomers (e.g. enantiomers, diastereomers), mixtures and salts thereof, the preparation thereof, the use thereof for the prevention or treatment of disorders or conditions which are connected with an increased DPP-IV activity or which can be prevented or alleviated by reducing the DPP-IV activity, particularly type I or type II diabetes mellitus, the pharmaceutical compositions containing a compound of formula (I) or a physiologically acceptable salt thereof as well as processes for the preparation thereof.

The invention further relates to pharmaceutical compositions or combinations comprising one or more such compounds of the invention and, optionally, one or more further active substances, as well as to the preparation and use thereof.

The invention further relates to the use of compounds, 50 pharmaceutical compositions or combinations according to this invention for preparing medicaments, particularly for preparing medicaments for the treatment and/or prevention of metabolic diseases, especially type 2 diabetes mellitus and/or conditions related thereto (e.g. diabetic complications). Further, the invention relates to compounds according to the invention, pharmaceutical compositions or combinations comprising such active ingredients, for use in methods of inhibiting DPP-IV and/or of treating and/or preventing diseases, disorders or conditions as described herein.

Further, the invention relates to a method of treating and/or preventing diseases, disorders or conditions as described herein, said method comprising administering an effective amount of a compound according to the invention, or a pharmaceutical composition or combination comprising such 65 compound, to the patient (particularly human patient) in need thereof.

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The compounds of formula (I) shown above include the tautomers, stereoisomers (e.g. enantiomers, diastereomers), mixtures and salts thereof wherein X, Y, R, R1 and R2 are defined as follows:

In an embodiment of the invention, X and Y are the same or different and are independently selected from the following:

and

each R is independently selected from R1 and R2, in which R1 and R2 are the same or different and are independently selected from 3-amino-piperidin-1-yl, (2-amino-2-methyl-propyl)-methylamino and (2-amino-propyl)-methylamino.

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In a further embodiment of the invention, X and Y are the same or different and are independently selected from

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$$\stackrel{\text{O}}{\underset{N}{\bigvee}}$$
 $\stackrel{\text{CH}_3;}{\underset{N}{\bigvee}}$ $\stackrel{\text{CH}_3;}{\underset{N}{\bigvee}}$

and

each R is independently selected from R1 and R2, in which R1 and R2 are the same or different and are independently 30 selected from 3-amino-piperidin-1-yl, (2-amino-2-methyl-propyl)-methylamino and (2-amino-propyl)-methylamino.

In certain embodiments, R1 and R2 are the same or different and are independently selected from 3-(R)-amino-piperi- ³⁵ din-1-yl, (2-amino-2-methyl-propyl)-methylamino and (2-(S)-amino-propyl)-methylamino.

In certain embodiments, R1 and R2 are the same.

In certain embodiments, R1 and R2 are the same and are selected from 3-(R)-amino-piperidin-1-yl, (2-amino-2-methyl-propyl)-methylamino and (2-(S)-amino-propyl)-methylamino. Preferably, R1 and R2 are the same and are each 3-(R)-amino-piperidin-1-yl.

In certain embodiments, X and Y are the same or different and are each the following radical:

in which each R is independently selected from 3-amino-piperidin-1-yl, (2-amino-2-methyl-propyl)-methylamino and (2-amino-propyl)-methylamino.

In certain embodiments, X and Y are the same or different and are each the following radical:

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in which each R is independently selected from 3-amino-piperidin-1-yl, (2-amino-2-methyl-propyl)-methylamino and (2-amino-propyl)-methylamino.

In certain embodiments, X and Y are the same.

Preferably, X and Y are the same and are each the following radical:

in which R is 3-(R)-amino-piperidin-1-yl.

In a particular embodiment, the present invention relates to a compound of formula (IB):

(IB)
$$\begin{array}{c} O \\ CH_3, \\ CH_3 \\ CH_3 \\ CH_3 \\ CH_3 \\ CH_3 \\ CH_3 \end{array}$$

60 wherein R1 and R2 are as defined above,

or a tautomer, stereosiomer (e.g. enantiomer or diastereomer), mixture or salt thereof.

In a further particular embodiment, the present invention relates to a compound of formula (IB), wherein R1 and R2 are the same and are as defined above, or a tautomer, stereosiomer (e.g. enantiomer or diastereomer), mixture or salt thereof.

or a tautomer, stereosiomer (e.g. enantiomer or diastereomer), mixture or salt thereof.

The compounds of formula (I) may be obtained by methods known per se, for example by the following method comprising reacting a compound of formula (II)

$$\bigcap_{CH_3}^{N} X,$$
 (II)

wherein X is as hereinbefore defined, with a compound of formula (II')

$$(II')$$

$$CH_3$$

wherein Y is as hereinbefore defined,

preferably in the presence of a suitable acid, for example HCl, such as e.g. aqueous hydrochloric acid, or an other suitable 60 inorganic or organic acid.

This reaction may be conducted in a suitable reaction medium (or mixture of media).

Optionally, such method of preparing may further comprise:

Subsequently, if desired, any protecting groups used during the reaction are cleaved and/or the compounds of formula (I) 6

thus obtained are resolved into their stereosiomers (e.g. enantiomers or diastereomers) and/or

the compounds of formula (I) thus obtained are converted into the salts thereof, particularly for pharmaceutical use into the physiologically acceptable salts thereof with inorganic or organic acids or bases.

Compounds of formula (I) according to this invention may be reversibly dissociable into the compounds of formulae (II) and (II'), in which X and Y are as herein defined. Such dissociation of a compound of formula (I) into its monomers can be obtained under acidic conditions, for example in the presence a suitable acid, for example HCl, such as e.g. aqueous hydrochloric acid, or an other suitable inorganic or organic acid.

This reaction may be conducted in a suitable reaction 15 medium (or mixture of media).

The compounds of formulae (II) or (II') shown above may include the tautomers, stereoisomers (e.g. enantiomers, diastereomers), mixtures and salts thereof, as well as solvates thereof, wherein X and Y are defined as disclosed herein.

In an embodiment, the preparation of compounds of formula (I) from compounds of formula (II) and/or compounds of formula (II') (e.g. by dimerization) is conducted in the presence of a suitable solvent or mixture of solvents. For example, such a reaction solvent is a polar solvent or mixture of polar solvents or a polar solvent system, such as e.g. water or an aqueous medium. In another embodiment, such reaction is conducted in a solvent-free medium. In a further embodiment, the compounds of formula (I) are isolated or obtained from a suitable solvent or mixture of solvents.

In another embodiment, the preparation of compounds of formulae (II) or (II') from compounds of formula (I) (e.g. by dissociation) is conducted in the presence of a suitable solvent or mixture of solvents. For example, such a reaction solvent is a polar solvent or mixture of polar solvents or a polar solvent system, such as e.g. water or an aqueous medium. In another embodiment, such reaction is conducted in a solvent-free medium. In a further embodiment, the compounds of formulae (II) or (II') are isolated or obtained from a suitable solvent or mixture of solvents.

Above-mentioned methods of preparation may be conducted in a suitable solvent, or mixture of solvents. The compounds of formulae (I), (II) or (II'), or their salts, thus obtainable may be isolated from such solvent or mixture of solvents (e.g. either in crystalline or amorphous form) in a manner 45 customary per se. Optionally, purification, chromatographic separation, slurrying, suspending, dissolving, crystallization, precipitating (e.g. with a non-solvent, anti- or poor solvent), filtration, washing, lyophilization, or the like of the compounds of formulae (I), (II) or (II'), or salts thereof, may be (II') 50 performed, e.g. in the presence of one or more suitable solvents or mixture of solvents. Subsequently, optionally the solvent or mixture of solvents may be removed (e.g. evaporated) or the solid material may be collected or isolated, e.g. in order to obtain the compounds of formulae (I), (II) or (II'), 55 or salts thereof, e.g. in isolated, pure, precipitated, solid (e.g. crystalline or amorphous), lyophilized, etc. form. Such steps may be optionally conducted at lower, ambient or elevated temperature. Optionally such procedures may be repeatedly and/or alternately applied to the obtained material. Further optionally, such procedures may be conducted independently or dependently from the foregoing preparation step(s). Further optionally, the obtained material may be dried (e.g. at elevated temperature). In an embodiment, the material may be spray-, freeze- or drum dried. In a further embodiment the material may be in isolated, precipitated, crystallized, lyophilized, amorphous or solid form. In another embodiment the material may be in solution or suspension form. In a yet

further embodiment the material may be in salt or free form. In a still yet further embodiment the material may be in crude or purified form.

In general, solvents or solvent systems, which the skilled person may consider within such procedures of the invention, 5 may include, without being limited to, organic, non-aqueous or aqueous, protic or aprotic, polar or apolar solvents, such as, for example, ketones such as e.g. acetone, methyl ethyl ketone, methyl propyl ketone, methyl tert- or isobutyl ketone, or the like, lactones such as e.g. valerolactone, ethers such as e.g. diethyl ether, diisopropyl ether, methyl tert-butyl ether, ethylene glycol, tetrahydrofuran, methyl tetrahydrofuran, dioxane, or the like, hydrocarbons such as e.g. toluene, hexane, cyclohexane, methylcyclohexane, or the like, chlorinated hydrocarbons such as e.g. methylene chloride, 1,2dichloroethane, chloroform, chlorobenzene, or the like, lowmolecular-weight aliphatic alcohols such as e.g. methanol, ethanol, 1-propanol, isopropanol, butanol, tert-amylalkohol, (e.g. ethyl acetate) or the like, amides or lactames such as e.g. N,N-dimethylformamide, N-methyl-2-pyrrolidone, N,Ndimethylacetamide, N-methylacetamide, or the like, nitriles such as e.g. acetonitrile, or the like, or sulfoxides such as e.g. DMSO, or the like, amines, e.g. triethylamine pyridine, or the 25 like, or water, or mixtures thereof.

Examples of acids, in the presence of which the formation and/or dissociation of a compound of formula (I) may be conducted, may include, without being limited to, strong inorganic or organic acids (which may be of Bronsted and/or Lewis acid type, and/or which may be in solid, liquid or gas form), for example HCl, such as e.g. aqueous hydrochloric acid, or the like. Further, optionally, the formation and/or dissociation of a compound of formula (I) may be conducted 35 under any other suitable acidic conditions, acidic medium or acidic milieu.

In a particular embodiment, the preparation of compounds of formula (I) from compounds of formula (II) and/or compounds of formula (II') is conducted in a polar solvent or 40 mixture of polar solvents. In a further embodiment, the compounds of formula (I) are obtained or isolated from a polar solvent or mixture of polar solvents.

For example, such a suitable solvent within the meaning of this invention is water or an aqueous medium.

Another example of such a solvent or solvent system within the meaning of this invention may include or consist (essentially) of water or an aqueous medium, a low-molecular-weight aliphatic alcohol or such an alcoholic medium, or a mixture thereof.

The present invention further relates to the compounds of formulae (I), (II) or (II'), the tautomers, enantiomers, diastereomers, mixtures or salts thereof or solvates thereof, including in any form, each as obtainable or obtained according to
55 obtained, for example, as process products during the prepaa procedure as disclosed herein.

It is moreover known to the person skilled in the art that if there are a number of reactive centers on a starting or intermediate compound it may be necessary to block one or more reactive centers temporarily by protective groups in order to allow a reaction to proceed specifically at the desired reaction center. A detailed description for the use of a large number of proven protective groups is found, for example, in "Protective Groups in Organic Synthesis" by T. Greene and P. Wuts (John Wiley & Sons, Inc. 1999, 3rd Ed.) or in "Protecting Groups (Thieme Foundations Organic Chemistry Series N Group" by P. Kocienski (Thieme Medical Publishers, 2000).

For example, protecting groups for an amino, alkylamino or imino group may be, for example, a formyl, acetyl, trifluoroacetyl, methoxycarbonyl, ethoxycarbonyl, tert.-butoxycarbonyl or phthalimido group.

The cleaving of a tert.-butyloxycarbonyl group is preferably carried out by treating with an acid such as trifluoroacetic acid or hydrochloric acid, optionally using a solvent such as methylene chloride, dioxane, methanol, ethanol, isopropanol or diethyl ether.

A formyl, acetyl, methoxycarbonyl, ethoxycarbonyl or trifluoroacetyl group is preferably cleaved by treating with an acid such as hydrochloric acid, optionally in the presence of a solvent such as acetic acid, at temperatures between 20 and 120° C. or by treating with sodium hydroxide solution, optionally in the presence of a solvent such as tetrahydrofuran, methanol or ethanol, at temperatures between 0 and 100°

A phthaloyl group is preferably cleaved in the presence of or the like, esters such as e.g. acetic acid lower alkyl esters 20 hydrazine or a primary amine such as methylamine, ethylamine, ethanolamine or n-butylamine in a solvent such as methanol, ethanol, isopropanol, toluene/water, dioxane or tetrahydrofurane, with or without water, at temperatures between 20° C. and the reflux temperature of the reaction mixture.

> Salts of the compounds according to the present invention include—depending upon their nature—all acid addition salts and all salts with bases, especially all pharmaceutically acceptable acid addition salts and salts with bases. Particular mention may be made of the physiologically tolerable salts with inorganic or organic acids or bases customarily used in pharmacy. The salts include water-insoluble and, particularly, water-soluble salts.

> Inorganic acids which may be suitable for forming pharmaceutically or physiologically acceptable acid addition salts include, by way of example and not limitation, hydrochloric acid, hydrobromic acid, phosphoric acid, sulfuric acid, and the like. Organic acids which may be suitable for forming pharmaceutically or physiologically acceptable acid addition salts include, by way of example and not limitation, citric acid, maleic acid, fumaric acid, succinic acid, lactic acid, tartaric acid, methanesulfonic acid, and the like.

Thus, pharmaceutically or physiologically acceptable acid 45 addition salts with inorganic or organic acids may include, by way of example and not limitation, hydrochlorides, hydrobromides, phosphates, sulfates, citrates, maleates, fumarates, succinates, lactates, tartrates, methanesulfonates (mesylates), and the like.

Salts which are unsuitable for pharmaceutical uses but which can be employed, for example, for the isolation or purification of free compounds of formula (I) or their pharmaceutically acceptable salts, are also included.

Pharmaceutically non-acceptable salts, which can be ration of the compounds according to this invention e.g. on an industrial scale, are converted into pharmaceutically acceptable salts by processes known to the person skilled in the art.

All isomeric forms (especially all regio- and stereoisomeric forms, e.g. all chiral, enantiomeric, diastereomeric, racemic forms, tautomeric and all geometric isomeric forms) of a compound of formula (I) are intended within this invention, unless the specific isomer form is specifically indicated. Obviously, the isomer which is pharmacologically most effective and most free from side effects is preferred.

It will be appreciated that the compounds of the present invention contain at least one, two or more asymmetrically

substituted carbon atoms, and may be isolated as pure diastereomers or diastereomeric mixtures in optically active or racemic forms

The invention contemplates all conceivable stereoisomers, particularly the diastereomers and enantiomers mentioned 5 herein, e.g. in substantially pure form, in enriched form (e.g. substantially free of any or all other undesired diastereomers and/or enantiomers) and/or in any mixing ratio, including the racemic forms, as well as the salts thereof.

In general, substantially pure stereoisomers can be 10 obtained according to synthetic principles customary to the skilled person, e.g. by separation of corresponding mixtures, by using stereochemically pure starting materials and/or by stereoselective synthesis.

It is known in the art how to prepare optically active forms, 15 such as by resolution of racemic forms or by synthesis, e.g. from optically active starting materials and/or by using chiral reagents.

Enantiomerically pure compounds of this invention can be prepared via asymmetric synthesis, for example by preparation and separation of appropriate diastereoisomeric compounds/intermediates which can be separated by known methods (e.g. by chromatographic separation or (fractional) crystallization from a suitable solvent), and/or by using chiral reaction components (e.g. chiral reagents, chiral catalysts, 25 chiral ligands, chiral synthons, chiral building blocks, or the like).

Further, it is known to the person skilled in the art how to prepare enantiomerically pure compounds from the corresponding racemic mixtures, such as e.g. by chromatographic 30 separation of the corresponding racemic compounds on chiral separating columns; or by resolution of racemic compounds using an appropriate resolving agent; e.g. by means of diastereomeric salt formation of the racemic compounds with optically active acids or bases, subsequent resolution of the 35 salts and release of the desired compound from the salt; or by derivatization of the corresponding racemic compounds with chiral auxiliary reagents, subsequent diastereomer separation and removal of the chiral auxiliary group; by kinetic resolution of a racemate (e.g. by enzymatic resolution); by enanti- 40 oselective (preferential) crystallization (or crystallization by entrainment) from a conglomerate of enantiomorphous crystals under suitable conditions; or by (fractional) crystallization from a suitable solvent in the presence of a chiral auxil-

The compounds of formula (I) obtained may be separated into the enantiomers and/or diastereomers thereof. For example, cis-/trans mixtures may be separated into their cis and trans isomers, and compounds with at least one optically active carbon atom may be resolved into their enantiomers.

Thus, for example, cis-/trans mixtures obtained may be separated by chromatography into their cis and trans isomers and the compounds of formula (I) obtained which occur as racemates may be separated by methods known per se (cf. Allinger N. L. and Eliel E. L. in "Topics in Stereochemistry", 55 Vol. 6, Wiley Interscience, 1971) into their optical antipodes. Compounds of formula (I) with at least 2 asymmetric carbon atoms may be resolved into their diastereomers on the basis of their physical-chemical differences using methods known per se, e.g. by chromatography and/or fractional crystallisation, 60 and, if these compounds are obtained in racemic form, they may subsequently be resolved into the enantiomers as mentioned above.

The enantiomers are preferably separated by column separation on chiral phases or by recrystallisation from an optically active solvent or by reacting with an optically active substance which forms salts or derivatives such as e.g. esters

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or amides with the racemic compound, particularly acids and the activated derivatives or alcohols thereof, and separating the diastereomeric mixture of salts or derivatives thus obtained, e.g. on the basis of their differences in solubility, whilst the free antipodes may be released from the pure diastereomeric salts or derivatives by the action of suitable agents. Optically active acids in common use are e.g. the D- and L-forms of tartaric acid or dibenzoyltartaric acid, di-o-tolyltartaric acid, malic acid, mandelic acid, camphorsulphonic acid, glutamic acid, aspartic acid or quinic acid. An optically active alcohol may be, for example, (+) or (-)-menthol and an optically active acyl group in amides, for example, may be a (+)- or (-)-menthyloxycarbonyl.

Those skilled in the art will appreciate that organic compounds or their salts can be isolated in association with solvent molecules or can form complexes with solvents with which they are contacted, in which they are reacted or from which they are isolated (e.g. precipitated, crystallized, lyophilized, etc.) or the like. According to expert's awareness, some of the compounds according to this invention (such as e.g. compounds of formulae (I), (II) or (II'), the tautomers, enantiomers, diastereomers, mixtures or salts thereof) may contain, e.g. when obtained or isolated in solid form, varying or fixed amounts of solvents (including aqueous and/or nonaqueous solvents). Included within the scope of the invention are therefore solvates (including hydrates, organic solvates and mixed hydrates/organic solvates) of the compounds according to this invention. Solvates of the compounds according to this invention may include stoichiometric or non-stoichiometric solvates, tightly or weakly bound solvates, as well as homo- or heterosolvates. Preferably the solvent(s) used is a pharmaceutically acceptable solvent(s), e.g. water and/or a low molecular weight aliphatic alcohol such as ethanol or the like. In an embodiment, solvates of the compounds of this invention may include, for example, hydrates or alcoholates, or mixed hydrates/alcoholates. The present invention embraces both the unsolvated and all solvated forms. Likewise, the present invention embraces any solvate, ansolvate, hydrate, anhydrous, hygroscopic and/or non-hygroscopic forms.

The compounds of formula (II) used as starting materials are either known from the literature or are obtained by methods such as those described for example in WO 04/018468, WO 04/050658, WO 05/085246, WO 06/029769 or WO 06/048427, or WO 2007/071738, WO 2008/017670, WO 2012/088682 or WO 2012/089127.

The compounds of formula (I) according to the invention and the physiologically acceptable salts thereof have valuable (in-vivo and in-vitro) pharmacological properties, particularly an inhibiting effect on the enzyme DPP-IV. The ability of the substances including their salts to inhibit the DPP-IV activity may be demonstrated in an experiment as described herein

The DPP-IV assay may be carried out as follows:

Blood is taken from up to 4 human donors having no pharmacological therapy for the last 14 days via venous puncture in EDTA precoated tubes (Sarstedt, 2.6 ml Monovette). Blood samples are centrifuged at 4° C. at 800 rpm and finally supernatant was taken and used as EDTA plasma.

The 96-well plates are purchased from Greiner bio-one, CatNo 655900 (black, flat bottom). The substrate H-Ala-Pro-7-amido-4-trifluoromethylcoumarin (AlaPro-AFC) is from Bachem (Prod.-No1-1680). All other materials are of highest grade commercially available. EDTA-plasma is diluted 1:42.5 with assay buffer (100 mM Tris, 100 mM NaCl, adjusted to pH 7.8 with HCl). The final dilution of the plasma in the assay is 140 fold. In the 96-well plates 20 µL test

substance in assay buffer (final DMSO concentration 1%) are mixed with 50 μL substrate (200 mM stock solution in DMF (dimethylformamide), diluted 1:1000 with water, final concentration 100 μM) and 30 μL of diluted plasma. The plate is then incubated at room temperature for 1 hour and fluorescence of the wells is determined using a Wallac, Victor^TM 1420 Multilabel Counter, at an Excitation wavelength of 405 nm and an Emission wavelength of 535 nm.

Each assay microtiter plate contains wells with vehicle controls (1% DMSO in assay buffer) as reference for non-inhibited enzyme activity and wells with assay buffer instead of enzyme as controls for background fluorescence. Background fluorescence is negligible.

The potency of the test substance in question, expressed as the IC50 value, is calculated from dosage/activity curves consisting of about 10 measured points in each case.

The following results are obtained:

Compound	DPP-IV inhibition
(Example no.)	IC50 [pM]
1	6

In view of their ability to inhibit DPP-IV activity, the 25 compounds of formula (I) according to the invention and the corresponding pharmaceutically acceptable salts thereof are suitable for influencing any conditions or disorders which can be affected by the inhibition of the DPP-IV activity. It is therefore to be expected that the compounds according to the 30 invention will be suitable for the prevention or treatment of diseases or conditions such as type I and type II diabetes mellitus, prediabetes, reduced glucose tolerance or changes in the fasting blood sugar, diabetic complications (e.g. retinopathy, nephropathy or neuropathies), metabolic acidosis or 35 ketosis, reactive hypoglycaemia, insulin resistance, metabolic syndrome, dyslipidaemias of various origins, arthritis, atherosclerosis and related diseases, obesity, allograft transplantation and osteoporosis caused by calcitonin. In addition, these substances are suitable for preventing B-cell degenera- 40 tion such as e.g. apoptosis or necrosis of pancreatic B-cells. The substances are also suitable for improving or restoring the function of pancreatic cells and additionally increasing the size and number of pancreatic B-cells. Additionally, on the basis of the role of the glucagon-like peptides such as e.g. 45 GLP-1 and GLP-2 and their link with DPP-IV inhibition, it is expected that the compounds according to the invention will be suitable for achieving a sedative or tranquillising effect, as well as having a favourable effect on catabolic states after operations or hormonal stress responses or possibly reducing 50 mortality and morbidity after myocardial infarction. Moreover, they are suitable for treating any conditions connected with the effects mentioned above and mediated by GLP-1 or GLP-2. The compounds according to the invention may also be used as diuretics or antihypertensives and are suitable for 55 preventing and treating acute kidney failure. The compounds according to the invention may also be used to treat inflammatory complaints of the respiratory tract. They are also suitable for preventing and treating chronic inflammatory bowel diseases such as e.g. irritable bowel syndrome (IBS), 60 Crohn's disease or ulcerative colitis and also pancreatitis. It is also expected that they can be used for all kinds of injury or damage to the gastrointestinal tract such as may occur in colitis and enteritis, for example. Moreover, it is expected that DPP-IV inhibitors and hence the compounds according to the 65 invention can be used to treat infertility or to improve fertility in humans or mammals, particularly if the infertility is con12

nected with insulin resistance or with polycystic ovary syndrome. On the other hand these substances are suitable for influencing sperm motility and are thus suitable for use as male contraceptives. In addition, the substances are suitable for treating growth hormone deficiencies connected with restricted growth, and may reasonably be used for all indications for which growth hormone may be used. The compounds according to the invention are also suitable, on the basis of their inhibitory effect on DPP-IV, for treating various autoimmune diseases such as e.g. rheumatoid arthritis, multiple sclerosis, thyroiditis and Basedow's disease, etc. They may also be used to treat viral diseases and also, for example, in HIV infections, for stimulating blood production, in benign prostatic hyperplasia, gingivitis, as well as for the treatment of neuronal defects and neurodegenerative diseases such as Alzheimer's disease, for example. The compounds described may also be used for the treatment of tumours, particularly for modifying tumour invasion and also metastasisation; 20 examples here are their use in treating T-cell lymphomas, acute lymphoblastic leukaemia, cell-based thyroid carcinomas, basal cell carcinomas or breast cancers. Other indications are stroke, ischaemia of various origins, Parkinson's disease and migraine. In addition, further indications include follicular and epidermal hyperkeratoses, increased keratinocyte proliferation, psoriasis, encephalomyelitis, glomerulonephritis, lipodystrophies, as well as psychosomatic, depressive and neuropsychiatric diseases of all kinds.

Accordingly, the present invention further relates to a compound of formula (I), or a tautomer or salt thereof, for use in the therapies described herein.

The present invention further relates to a pharmaceutical composition comprising a compound of formula (I), or a tautomer or salt thereof, and, optionally, one or more pharmaceutically acceptable excipients.

The present invention further relates to a combination or composition comprising a compound of formula (I), or a tautomer or salt thereof, and one or more other active substances selected from those mentioned herein, e.g. selected from other antidiabetic substances, active substances that lower the blood sugar level, active substances that lower the lipid level in the blood, active substances that raise the HDL level in the blood, active substances that lower blood pressure, and active substances that are indicated in the treatment of atherosclerosis or obesity, e.g. each as described herein; particularly for simultaneous, separate or sequential use in the therapies described herein.

The present invention further relates to a pharmaceutical composition comprising a compound of formula (I), or a tautomer or salt thereof, and another agent or substance, such as e.g. in free or salt form (e.g. in an acid addition salt form), and, optionally, one or more pharmaceutically acceptable excipients.

The present invention further relates to a pharmaceutical composition comprising a compound of formula (I), or a tautomer or salt thereof, and metformin (e.g. metformin hydrochloride), and, optionally, one or more pharmaceutically acceptable excipients.

The present invention further relates to a pharmaceutical composition comprising a compound of formula (I), or a tautomer or salt thereof, and pioglitazone (e.g. pioglitazone hydrochloride), and, optionally, one or more pharmaceutically acceptable excipients.

The present invention further relates to a compound of formula (I), or a tautomer or salt thereof, or a composition thereof, in combination with metformin (e.g. metformin hydrochloride), for use in the therapies described herein.

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The present invention further relates to a compound of formula (I), or a tautomer or salt thereof, or a composition thereof, in combination with pioglitazone (e.g. pioglitazone hydrochloride), for use in the therapies described herein.

The present invention further relates to a compound of 5 formula (I), or a tautomer or salt thereof, or a composition thereof, in combination with telmisartan, for use in the therapies described herein.

The present invention further relates to a method for treating and/or preventing metabolic diseases, especially type 2 diabetes mellitus and/or conditions related thereto (e.g. diabetic complications) comprising the combined (e.g. simultaneous, separate or sequential) administration of one or more other antidiabetics selected from the group consisting of metformin, a sulphonylurea, nateglinide, repaglinide, a thiazo- 15 lidinedione (e.g. pioglitazone), a PPAR-gamma-agonist, an alpha-glucosidase inhibitor, insulin or an insulin analogue, and GLP-1 or a GLP-1 analogue, and a compound of formula (I), a tautomer or salt thereof, or composition thereof, to the patient (particularly human patient) in need thereof.

Examples of such metabolic disorders or diseases amenable by the therapy of this invention, particularly in the patients described herein, may include, without being limited to, type 1 diabetes, type 2 diabetes, latent autoimmune diabetes in the adult (LADA), impaired glucose tolerance (IGT), impaired fasting blood glucose (IFG), hyperglycemia, postprandial hyperglycemia, postabsorptive hyperglycemia, overweight, obesity, dyslipidemia, hyperlipidemia, hypercholesterolemia, hypertriglyceridemia, hypertension, atherosclerosis, endothelial dysfunction, osteoporosis, chronic sys-30 temic inflammation, non alcoholic fatty liver disease (NAFLD), retinopathy, neuropathy, nephropathy, polycystic ovarian syndrome, and/or metabolic syndrome.

The present invention further relates to at least one of the following methods:

preventing, slowing the progression of, delaying or treating a metabolic disorder or disease, such as e.g. type 1 diabetes mellitus, type 2 diabetes mellitus, latent autoimmune diabetes in the adult (LADA), impaired glucose tolerance (IGT), impaired fasting blood glucose 40 (IFG), hyperglycemia, postprandial hyperglycemia, postabsorptive hyperglycemia, overweight, obesity, dyslipidemia, hyperlipidemia, hypercholesterolemia, hypertriglyceridemia, hypertension, atherosclerosis, endothelial dysfunction, osteoporosis, chronic systemic 45 inflammation, non alcoholic fatty liver disease (NAFLD), retinopathy, neuropathy, nephropathy, polycystic ovarian syndrome, and/or metabolic syndrome;

improving and/or maintaining glycemic control and/or for reducing of fasting plasma glucose, of postprandial 50 plasma glucose, of postabsorptive plasma glucose and/ or of glycosylated hemoglobin HbA1c;

preventing, slowing, delaying or reversing progression from pre-diabetes, impaired glucose tolerance (IGT), impaired fasting blood glucose (IFG), insulin resistance 55 and/or from metabolic syndrome to type 2 diabetes mel-

preventing, reducing the risk of, slowing the progression of, delaying or treating of complications of diabetes mellitus such as micro- and macrovascular diseases, 60 such as nephropathy, micro- or macroalbuminuria, proteinuria, retinopathy, cataracts, neuropathy, learning or memory impairment, neurodegenerative or cognitive disorders, cardio- or cerebrovascular diseases, tissue ischaemia, diabetic foot or ulcus, atherosclerosis, hypertension, endothelial dysfunction, myocardial infarction, acute coronary syndrome, unstable angina pectoris,

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stable angina pectoris, peripheral arterial occlusive disease, cardiomyopathy, heart failure, heart rhythm disorders, vascular restenosis, and/or stroke;

reducing body weight and/or body fat or preventing an increase in body weight and/or body fat or facilitating a reduction in body weight and/or body fat;

preventing, slowing, delaying or treating the degeneration of pancreatic beta cells and/or the decline of the functionality of pancreatic beta cells and/or for improving, preserving and/or restoring the functionality of pancreatic beta cells and/or stimulating and/or restoring or protecting the functionality of pancreatic insulin secre-

preventing, slowing, delaying or treating non alcoholic fatty liver disease (NAFLD) including hepatic steatosis, non-alcoholic steatohepatitis (NASH) and/or liver fibrosis (such as e.g. preventing, slowing the progression, delaying, attenuating, treating or reversing hepatic steatosis, (hepatic) inflammation and/or an abnormal accumulation of liver fat);

preventing, slowing the progression of, delaying or treating type 2 diabetes with failure to conventional antidiabetic mono- or combination therapy;

achieving a reduction in the dose of conventional antidiabetic medication required for adequate therapeutic effect:

reducing the risk for adverse effects associated with conventional antidiabetic medication (e.g. hypoglycemia or weight gain); and/or

maintaining and/or improving the insulin sensitivity and/or for treating or preventing hyperinsulinemia and/or insulin resistance;

in a patient in need thereof (such as e.g a patient as described herein, especially a type 2 diabetes patient), said method comprising administering a compound of formula (I), or a tautomer or salt thereof, or composition thereof, optionally in combination with one or more other therapeutic substances as described herein, to the patient.

The compounds of formula (I) or their pharmaceutically acceptable salts can be used as medicaments, e.g. in the form of pharmaceutical compositions for enteral, parenteral or topical administration. They may be administered in any of the generally accepted modes of administration available in the art, e.g., perorally, e.g. in the form of tablets, coated tablets, dragees, hard and soft gelatine capsules, solutions, emulsions or suspensions, rectally, e.g. in the form of suppositories, parenterally (including intravenously), e.g. in the form of injection solutions or infusion solutions, or topically, e.g. in the form of ointments, creams or oils. Among the possible modes of administration, oral and intravenous delivery are preferred.

The pharmaceutical compositions according to this invention may typically contain at least one of the compounds of the invention in a total amount of from about 0.05 to 80 wt %, or from about 0.1 to 50 wt %, optionally together with pharmaceutically acceptable excipients.

For example, the amount of the compound of formula (I) according to this invention, or a tautomer or salt thereof, comprised in a dosage form or pharmaceutical composition according to this invention may be at least 0.1% to 0.5%, or at least 0.5% to 1.5%, or at least 1% to 3%, optionally in addition to one or more excipients.

The person skilled in the art is familiar with pharmaceutically acceptable excipients, such as e.g. diluents, carriers, binders, disintegrants, surfactants, lubricants, vehicles, auxiliaries, adjuvants and/or further additives which are known to

be suitable for preparing pharmaceutical compositions, on account of his/her expert knowledge.

As pharmaceutically acceptable excipients, usually any excipients known to be appropriate for pharmaceutical compositions come into consideration. Examples thereof include, 5 but are not limited to, diluents, fillers, binders, disintegrants, lubricants, glidants, solvents, dispersants, emulsifiers, solubilizers, gel formers, ointment bases, antioxidants, preservatives, stabilizers, carriers, thickeners, complexing agents, buffers, pH regulators (e.g. to obtain neutral, alkaline or 10 acidic formulations), permeation promoters, polymers, coating agents, propellants, tonicity adjusting agents, surfactants, colorants, flavorings, sweeteners and dyes.

In general, suitable carrier materials are not only inorganic carrier materials, but also organic carrier materials. Thus, 15 e.g., lactose, starches (e.g. corn starch) or derivatives thereof, talc, silica, polyvinylpyrrolidones, stearic acid or its salts can be used as carrier materials for tablets, coated tablets, dragees and hard gelatine capsules. Suitable carrier materials for soft gelatine capsules are, e.g., vegetable oils, waxes, fats and 20 semi-solid and liquid polyols. Suitable carrier materials for the production of solutions and syrups are, e.g., water, polyols, sucrose, invert sugar and the like. Suitable carrier materials for injection or infusion solutions are, e.g., water, alcohols, polyols, glycerol and vegetable oils. Suitable carrier 25 materials for suppositories are, e.g., natural or hardened oils, waxes, fats and semi-liquid or liquid polyols or polyethylene glycols. Suitable carrier materials for topical preparations are glycerides, semi-synthetic and synthetic glycerides, hydrogenated oils, liquid waxes, liquid paraffins, liquid fatty alcohols, 30 sterols, polyethylene glycols and cellulose derivatives.

In particular, excipients, carriers and/or diluents of a type appropriate to the desired pharmaceutical composition, formulation or preparation and the desired mode of administration are used.

The pharmaceutical compositions (e.g. tablets) according to the invention may be obtained, for example, by mixing one or more compounds of formula (I) or a pharmaceutically acceptable salt thereof with suitable excipients, for example known inert diluents, carriers, disintegrants, adjuvants, sur- 40 factants, binders and/or lubricants. The tablets may also consist of several layers. The compositions of this invention may also contain further active substances.

Accordingly, the pharmaceutical compositions according to this invention can be prepared by processes which are 45 known per se and familiar to the person skilled in the art, e.g. by incorporating the described compounds of formula (I) or their pharmaceutically acceptable salts (optionally combined with other active substances) optionally together with one or more conventional carriers (e.g. solid or liquid carriers) and/ 50 or diluents, e.g. with corn starch, lactose, glucose, microcrystalline cellulose, magnesium stearate, polyvinylpyrrolidone, citric acid, tartaric acid, water, water/ethanol, water/glycerol, water/sorbitol, water/polyethylene glycol, propylene glycol, cetylstearyl alcohol, carboxymethylcellulose or fatty sub- 55 pound according to the invention may comprise the first dilustances such as hard fat or suitable mixtures thereof, into conventional galenic preparations such as plain or coated tablets, capsules, powders, suspensions or suppositories.

The dosage of the compounds of the invention can vary within wide limits depending on the compound which is to be 60 administered, the nature and gravity of the disease to be treated or prevented, the age and the individual condition of the patient and the mode and frequency of administration, and will, of course, be fitted to the individual requirements in each particular case. Usually, a dosage of the compounds of the 65 invention in the order of magnitude customary for DPP-IV inhibitors comes into consideration.

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The dosage typically required for compounds of this invention, when administered by intravenous route, may be 0.001 mg to 10 mg, or 0.01 mg to 10 mg, or 0.1 mg to 10 mg, such as e.g. 0.25 mg to 5 mg, and, when administered by oral route, may be 0.005 mg to 100 mg, or 0.05 mg to 100 mg, or 0.5 mg to 100 mg, such as e.g. 2.5 mg to 50 mg or 0.5 mg to 10 mg, preferably 2.5 mg to 10 mg or 1 mg to 5 mg, in each case 1 to 4 times a day. Depending on the dosage it may be convenient to administer the daily dosage in several dosage units.

A dosage form containing a pharmaceutical composition according to this invention may typically comprise the compound of formula (I) according to this invention, or a tautomer or salt thereof, in a dosage range from about 0.1 mg to 100 mg.

Accordingly, the pharmaceutical compositions according to this invention comprising the compounds of this invention are prepared by the skilled person using pharmaceutically acceptable formulation excipients as described in the art and appropriate for the desired route of administration.

Oral preparations or dosage forms of the compounds of this invention may be prepared according to known techniques.

Examples of suitable diluents for compounds according to this invention may include cellulose powder, calcium hydrogen phosphate, erythritol, low substituted hydroxypropyl cellulose, mannitol, pregelatinized starch or xylitol.

Examples of suitable lubricants for compounds according to this invention may include talc, polyethyleneglycol, calcium behenate, calcium stearate, hydrogenated castor oil or magnesium stearate.

Examples of suitable binders for compounds according to this invention may include copovidone (copolymerisates of vinylpyrrolidon with other vinylderivates), hydroxypropyl methylcellulose (HPMC), hydroxypropylcellulose (HPC), polyvinylpyrrolidon (povidone), pregelatinized starch, or low-substituted hydroxypropylcellulose (L-HPC).

Examples of suitable disintegrants for compounds according to this invention may include corn starch or crospovidone.

Suitable methods of preparing pharmaceutical formulations of the DPP-IV inhibitors according to the invention may

direct tabletting of the active substance in powder mixtures with suitable tabletting excipients;

granulation with suitable excipients and subsequent mixing with suitable excipients and subsequent tabletting as well as film coating; or

packing of powder mixtures or granules into capsules.

Suitable granulation methods may be

wet granulation in the intensive mixer followed by fluidised bed drying;

one-pot granulation;

fluidised bed granulation; or

dry granulation (e.g. by roller compaction) with suitable excipients and subsequent tabletting or packing into

An illustrative composition (e.g. tablet core) of a coment mannitol, pregelatinized starch as a second diluent with additional binder properties, the binder copovidone, the disintegrant corn starch, and magnesium stearate as lubricant; wherein copovidone and/or corn starch may be optional.

A tablet of a compound according to the invention may be film coated, preferably the film coat comprises hydroxypropylmethylcellulose (HPMC), polyethylene glycol (PEG) or propylene glycol (PG), talc, titanium dioxide and iron oxide (e.g. red and/or yellow).

The pharmaceutical compositions (or formulations) may be packaged in a variety of ways. Generally, an article for distribution includes one or more containers that contain the

one or more pharmaceutical compositions in an appropriate form. Tablets are typically packed in an appropriate primary package for easy handling, distribution and storage and for assurance of proper stability of the composition at prolonged contact with the environment during storage. Primary containers for tablets may be bottles or blister packs.

A suitable bottle, e.g. for a pharmaceutical composition or combination (tablet) comprising a compound according to the invention, may be made from glass or polymer (preferably polypropylene (PP) or high density polyethylene (HD-PE)) and sealed with a screw cap. The screw cap may be provided with a child resistant safety closure (e.g. press-and-twist closure) for preventing or hampering access to the contents by children. If required (e.g. in regions with high humidity), by the additional use of a desiccant (such as e.g. bentonite clay, molecular sieves, or, preferably, silica gel) the shelf life of the packaged composition can be prolonged.

A suitable blister pack, e.g. for a pharmaceutical composition or combination (tablet) comprising a compound according to the invention, may comprise or formed of a top 20 foil (which is breachable by the tablets) and a bottom part (which contains pockets for the tablets). The top foil may contain a metalic foil, particularly an aluminium or aluminium alloy foil (e.g. having a thickness of 20 μm to 45 μm , preferably 20 μm to 25 μm) that is coated with a heat-sealing 25 polymer layer on its inner side (sealing side). The bottom part may contain a multi-layer polymer foil (such as e.g. poly (vinyl chloride) (PVC) coated with poly(vinylidene chloride) (PVDC); or a PVC foil laminated with poly(chlorotriflouroethylene) (PCTFE)) or a multi-layer polymer-metal-polymer 30 foil (such as e.g. a cold-formable laminated PVC/aluminium/polyamide composition).

To ensure a long storage period especially under hot and wet climate conditions an additional overwrap or pouch made of a multi-layer polymer-metal-polymer foil (e.g. a laminated 35 polyethylen/aluminium/polyester composition) may be used for the blister packs. Supplementary desiccant (such as e.g. bentonite clay, molecular sieves, or, preferably, silica gel) in this pouch package may prolong the shelf life even more under such harsh conditions.

The article may further comprise a label or package insert, which refer to instructions customarily included in commercial packages of therapeutic products, that may contain information about the indications, usage, dosage, administration, contraindications and/or warnings concerning the use of such 45 therapeutic products. In one embodiment, the label or package inserts indicates that the composition can be used for any of the purposes described herein.

The DPP-IV inhibitors of this invention—besides their use in mono-therapy—may also be used in conjunction with 50 other active substances, by means of which improved treatment results can be obtained. Such a combined treatment may be given as a free combination of the substances or in the form of a fixed combination, for example in a tablet or capsule. Pharmaceutical formulations of the combination partner 55 needed for this may either be obtained commercially as pharmaceutical compositions or may be formulated by the skilled man using conventional methods. The active substances which may be obtained commercially as pharmaceutical compositions are described in numerous places in the prior 60 art, for example in the list of drugs that appears annually, the "Rote Liste®" of the federal association of the pharmaceutical industry, or in the annually updated compilation of manufacturers' information on prescription drugs known as the "Physicians' Desk Reference".

Examples of antidiabetic combination partners are metformin; sulphonylureas such as glibenclamide, tolbutamide, 18

glimepiride, glipizide, gliquidon, glibornuride and gliclazide; nateglinide; repaglinide; mitiglinide, thiazolidinediones such as rosiglitazone and pioglitazone; PPAR gamma modulators such as metaglidases; PPAR-gamma agonists such as mitoglitazone, INT-131, balaglitazone or rivoglitazone; PPAR-gamma antagonists; PPAR-gamma/alpha modulators such as tesaglitazar, muraglitazar, aleglitazar, indeglitazar and KRP297; PPAR-gamma/alpha/delta modulators such as e.g. lobeglitazone; AMPK-activators such as AICAR; acetyl-CoA carboxylase (ACC1 and ACC2) inhibitors; diacylglycerol-acetyltransferase (DGAT) inhibitors; pancreatic beta cell GCRP agonists such as GPR119 agonists (SMT3-receptor-agonists), such as the GPR119 agonists 5-ethyl-2-{4-[4-(4-tetrazol-1-yl-phenoxymethyl)-thiazol-2-yl]-piperidin-1yl}-pyrimidine or 5-[1-(3-isopropyl-[1,2,4]oxadiazol-5-yl)piperidin-4-ylmethoxy]-2-(4-methanesulfonyl-phenyl)pyridine; 11β-HSD-inhibitors; FGF19 agonists or analogues; alpha-glucosidase blockers such as acarbose, voglibose and miglitol; alpha2-antagonists; insulin and insulin analogues such as human insulin, insulin lispro, insulin glusilin, r-DNAinsulinaspart, NPH insulin, insulin detemir, insulin degludec, insulin tregopil, insulin zinc suspension and insulin glargin; Gastric inhibitory Peptide (GIP); amylin and amylin analogues (e.g. pramlintide or davalintide); GLP-1 and GLP-1 analogues such as Exendin-4, e.g. exenatide, exenatide LAR, liraglutide, taspoglutide, lixisenatide (AVE-0010),LY-2428757 (a PEGylated version of GLP-1), dulaglutide (LY-2189265), semaglutide or albiglutide; SGLT2-inhibitors such as e.g. dapagliflozin, sergliflozin (KGT-1251), atigliflozin, canagliflozin or (1S)-1,5-anhydro-1-[3-(1-benzothiophen-2-ylmethyl)-4-fluorophenyl]-D-glucitol, ipragliflozin, tofogliflozin, luseogliflozin; inhibitors of protein tyrosine-phosphatase (e.g. trodusquemine); inhibitors of glucose-6-phosphatase; fructose-1,6-bisphosphatase modulators; glycogen phosphorylase modulators; glucagon receptor antagonists; phosphoenolpyruvatecarboxykinase (PEPCK) inhibitors; pyruvate dehydrogenasekinase (PDK) inhibitors; inhibitors of tyrosine-kinases (50 mg to 600 mg) such as PDGF-receptor-kinase (cf. EP-A-564409, WO 98/35958, U.S. Pat. No. 5,093,330, WO 2004/005281, and WO 2006/ 041976) or of serine/threonine kinases; glucokinase/regulatory protein modulators incl. glucokinase activators; glycogen synthase kinase inhibitors; inhibitors of the SH2-domaincontaining inositol 5-phosphatase type 2 (SHIP2); IKK inhibitors such as high-dose salicylate; JNK1 inhibitors; protein kinase C-theta inhibitors; beta 3 agonists such as ritobegron, YM 178, solabegron, talibegron, N-5984, GRC-1087, rafabegron, FMP825; aldosereductase inhibitors such as AS 3201, zenarestat, fidarestat, epalrestat, ranirestat, NZ-314, CP-744809, and CT-112; SGLT-1 or SGLT-2 inhibitors; KV 1.3 channel inhibitors; GPR40 modulators such as e.g. [(3S)-6-({2',6'-dimethyl-4'-[3-(methylsulfonyl)propoxy]biphenyl-3-yl}methoxy)-2,3-dihydro-1-benzofuran-3-yl]acetic acid; SCD-1 inhibitors; CCR-2 antagonists; dopamine receptor agonists (bromocriptine mesylate [Cycloset]); 4-(3-(2,6dimethylbenzyloxyl)phenyl)-4-oxobutanoic acid; sirtuin stimulants; and other DPP IV inhibitors.

Metformin is usually given in doses varying from about 500 mg to 2000 mg up to 2500 mg per day using various dosing regimens from about 100 mg to 500 mg or 200 mg to 850 mg (1-3 times a day), or about 300 mg to 1000 mg once or twice a day, or delayed-release metformin in doses of about 100 mg to 1000 mg or preferably 500 mg to 1000 mg once or twice a day or about 500 mg to 2000 mg once a day. Particular dosage strengths may be 250, 500, 625, 750, 850 and 1000 mg of metformin hydrochloride.

For children 10 to 16 years of age, the recommended starting dose of metformin is 500 mg given once daily. If this dose fails to produce adequate results, the dose may be increased to 500 mg twice daily. Further increases may be made in increments of 500 mg weekly to a maximum daily dose of 2000 5 mg, given in divided doses (e.g. 2 or 3 divided doses). Metformin may be administered with food to decrease nausea.

A dosage of pioglitazone is usually of about 1-10 mg, 15 mg, 30 mg, or 45 mg once a day.

Rosiglitazone is usually given in doses from 4 to 8 mg once 10 (or divided twice) a day (typical dosage strengths are 2, 4 and 8 mg).

Glibenclamide (glyburide) is usually given in doses from 2.5-5 to 20 mg once (or divided twice) a day (typical dosage strengths are 1.25, 2.5 and 5 mg), or micronized glibenclamide in doses from 0.75-3 to 12 mg once (or divided twice) a day (typical dosage strengths are 1.5, 3, 4.5 and 6 mg).

Glipizide is usually given in doses from 2.5 to 10-20 mg once (or up to 40 mg divided twice) a day (typical dosage strengths are 5 and 10 mg), or extended-release glibencla- 20 mide in doses from 5 to 10 mg (up to 20 mg) once a day (typical dosage strengths are 2.5, 5 and 10 mg).

Glimepiride is usually given in doses from 1-2 to 4 mg (up to 8 mg) once a day (typical dosage strengths are 1, 2 and 4 mg).

A dual combination of glibenclamide/metformin is usually given in doses from 1.25/250 once daily to 10/1000 mg twice daily. (typical dosage strengths are 1.25/250, 2.5/500 and 5/500 mg).

A dual combination of glipizide/metformin is usually 30 given in doses from 2.5/250 to 10/1000 mg twice daily (typical dosage strengths are 2.5/250, 2.5/500 and 5/500 mg).

A dual combination of glimepiride/metformin is usually given in doses from 1/250 to 4/1000 mg twice daily.

A dual combination of rosiglitazone/glimepiride is usually 35 given in doses from 4/1 once or twice daily to 4/2 mg twice daily (typical dosage strengths are 4/1, 4/2, 4/4, 8/2 and 8/4

A dual combination of pioglitazone/glimepiride is usually given in doses from 30/2 to 30/4 mg once daily (typical 40 dosage strengths are 30/4 and 45/4 mg).

A dual combination of rosiglitazone/metformin is usually given in doses from 1/500 to 4/1000 mg twice daily (typical dosage strengths are 1/500, 2/500, 4/500, 2/1000 and 4/1000

A dual combination of pioglitazone/metformin is usually given in doses from 15/500 once or twice daily to 15/850 mg thrice daily (typical dosage strengths are 15/500 and 15/850

The non-sulphonylurea insulin secretagogue nateglinide is 50 usually given in doses from 60 to 120 mg with meals (up to 360 mg/day, typical dosage strengths are 60 and 120 mg); repaglinide is usually given in doses from 0.5 to 4 mg with meals (up to 16 mg/day, typical dosage strengths are 0.5, 1 and 2 mg). A dual combination of repaglinide/metformin is 55 available in dosage strengths of 1/500 and 2/850 mg.

Acarbose is usually given in doses from 25 to 100 mg with meals. Miglitol is usually given in doses from 25 to 100 mg with meals.

in the blood are HMG-CoA-reductase inhibitors such as simvastatin, atorvastatin, lovastatin, fluvastatin, pravastatin, pitavastatin and rosuvastatin; fibrates such as bezafibrate, fenofibrate, clofibrate, gemfibrozil, etofibrate and etofyllinclofibrate; nicotinic acid and the derivatives thereof such as 65 acipimox; PPAR-alpha agonists; PPAR-delta agonists such as {4-[(R)-2-ethoxy-3-(4-trifluoromethyl-phenoxy)-pro20

pylsulfanyl]-2-methyl-phenoxy}-acetic acid; inhibitors of acyl-coenzyme A:cholesterolacyltransferase (ACAT; EC 2.3.1.26) such as avasimibe; cholesterol resorption inhibitors such as ezetimib; substances that bind to bile acid, such as cholestyramine, colestipol and colesevelam; inhibitors of bile acid transport; HDL modulating active substances such as D4F, reverse D4F, LXR modulating active substances and FXR modulating active substances; CETP inhibitors such as torcetrapib, JTT-705 (dalcetrapib) or compound 12 from WO 2007/005572 (anacetrapib); LDL receptor modulators; MTP inhibitors (e.g. lomitapide); and ApoB100 antisense RNA.

A dosage of atorvastatin is usually from 1 mg to 40 mg or 10 mg to 80 mg once a day.

Examples of combination partners that lower blood pressure are beta-blockers such as atenolol, bisoprolol, celiprolol, metoprolol and carvedilol; diuretics such as hydrochlorothiazide, chlortalidon, xipamide, furosemide, piretanide, torasemide, spironolactone, eplerenone, amiloride and triamterene; calcium channel blockers such as amlodipine, nifedipine, nitrendipine, nisoldipine, nicardipine, felodipine, lacidipine, lercanipidine, manidipine, isradipine, nilvadipine, verapamil, gallopamil and diltiazem; ACE inhibitors such as ramipril, lisinopril, cilazapril, quinapril, captopril, enalapril, benazepril, perindopril, fosinopril and trandolapril; as well as angiotensin II receptor blockers (ARBs) such as telmisartan, candesartan, valsartan, losartan, irbesartan, olmesartan, azilsartan and eprosartan.

A dosage of telmisartan is usually from 20 mg to 320 mg or 40 mg to 160 mg per day.

Examples of combination partners which increase the HDL level in the blood are Cholesteryl Ester Transfer Protein (CETP) inhibitors; inhibitors of endothelial lipase; regulators of ABC1; LXRalpha antagonists; LXRbeta agonists; PPARdelta agonists; LXRalpha/beta regulators, and substances that increase the expression and/or plasma concentration of apolipoprotein A-I.

Examples of combination partners for the treatment of obesity are sibutramine; tetrahydrolipstatin (orlistat); alizyme (cetilistat); dexfenfluramine; axokine; cannabinoid receptor 1 antagonists such as the CB1 antagonist rimonobant; MCH-1 receptor antagonists; MC4 receptor agonists; NPY5 as well as NPY2 antagonists (e.g. velneperit); beta3-AR agonists such as SB-418790 and AD-9677; 5HT2c receptor agonists such as APD 356 (lorcaserin); myostatin inhibitors; Acrp30 and adiponectin; steroyl CoA desaturase (SCD1) inhibitors; fatty acid synthase (FAS) inhibitors; CCK receptor agonists; Ghrelin receptor modulators; Pyy 3-36; orexin receptor antagonists; and tesofensine; as well as the dual combinations bupropion/naltrexone, bupropion/zonisamide, topiramate/phentermine and pramlintide/meterleptin.

Examples of combination partners for the treatment of atherosclerosis are phospholipase A2 inhibitors; inhibitors of tyrosine-kinases (50 mg to 600 mg) such as PDGF-receptorkinase (cf. EP-A-564409, WO 98/35958, U.S. Pat. No. 5,093, 330, WO 2004/005281, and WO 2006/041976); oxLDL antibodies and oxLDL vaccines; apoA-1 Milano; ASA; and VCAM-1 inhibitors.

In practicing the present invention, the compounds accord-Examples of combination partners that lower the lipid level 60 ing to this invention may be administered in combination therapy separately, sequentially, simultaneously, concurrently or chronologically staggered with one or more further active substances, such as e.g. any of the therapeutic agents mentioned herein above as a combination partner.

In this context, the present invention further relates to a combination comprising a first active ingredient, which is at least one compound according to this invention, and a second

active ingredient, which is at least one of the active substances described above as a combination partner, for separate, sequential, simultaneous, concurrent or chronologically staggered use in therapy, particularly for treatment and/or prevention of metabolic diseases, such as e.g. any of those mentioned herein.

Further, this invention relates to the use of a compound according to this invention combined with at least one of the active substances described above as a combination partner, for preparing a pharmaceutical composition which is suitable for the treatment or prevention of diseases or conditions which may be affected by the inhibition of the DPP-IV activity, particularly one of the diseases, disorders or conditions listed above, more particularly metabolic diseases.

Further, this invention relates to a pharmaceutical composition which comprises a compound according to the invention and at least one of the active substances described above as combination partners, optionally together with one or more inert carriers and/or diluents.

The term "combination" according to this invention may be present as a fixed combination, a non-fixed combination, a free combination or a kit-of-parts.

A "fixed combination" is defined as a combination wherein the said first active ingredient and the said second active 25 ingredient are present together in one unit dosage or in a single entity. One example of a "fixed combination" is a pharmaceutical composition wherein the said first active ingredient and the said second active ingredient are present in admixture for simultaneous administration. Another example 30 of a "fixed combination" is a pharmaceutical combination wherein the said first active ingredient and the said second active ingredient are present in one unit without being in admixture

A "kit-of-parts" is defined as a combination wherein the 35 said first active ingredient and the said second active ingredient are present in more than one unit. One example of a "kit-of-parts" is a combination wherein the said first active ingredient and the said second active ingredient are present separately. The components of the kit-of-parts may be administered separately, sequentially, simultaneously, concurrently or chronologically staggered.

The first and second active ingredient of a kit-of-parts according to this invention may be provided as separate formulations (i.e. independently of one another), which are subsequently brought together for simultaneous, concurrent, sequential, separate or chronologically staggered use in combination therapy; or packaged and presented together as separate components of a combination pack for simultaneous, concurrent, sequential, separate or chronologically staggered use in combination therapy.

The type of pharmaceutical formulation of the first and second active ingredient of a kit-of-parts according to this invention can be similar, i.e. both ingredients are formulated in separate tablets or capsules, or can be different, i.e. suited 55 for different administration forms, such as e.g. one active ingredient is formulated as tablet or capsule and the other is formulated for e.g. intravenous administration.

The amounts of the first and second active ingredients of the combinations, compositions or kits according to this 60 invention may together comprise a therapeutically effective amount, particularly for the treatment and/or prevention of the diseases, disorders and conditions mentioned above.

The present invention is not to be limited in scope by the specific embodiments described herein. Various modifications of the invention in addition to those described herein may become apparent to those skilled in the art from the

present disclosure. Such modifications are intended to fall within the scope of the appended claims.

All patent applications cited herein are hereby incorporated by reference in their entireties. Further embodiments, features and advantages of the present invention may become apparent from the following examples. The following examples serve to illustrate, by way of example, the principles of the invention without restricting it.

EXAMPLES

Example 1

1H-purine-2,6-dione, 8-[(3R)-3-amino-1-piperidinyl]-1-[[4-[[2-[[8-[(3R)-3-amino-1-piperidinyl]-7-(2-butynyl)-2,3,6,7-tetrahydro-3-methyl-2,6-dioxo-1H-purin-1-yl]methyl]-1,4-dihydro-4-methyl-4-quinazolinyl]methyl]-2-quinazolinyl]methyl]-7-(2-butynyl)-3,7-dihydro-3-methyl

$$\begin{array}{c} CH_{3} \\ CH_{4} \\ CH_{3} \\ CH_{3} \\ CH_{4} \\ CH_{5} \\ CH_{5$$

10.0 g (21.2 mmol) 1H-Purine-2,6-dione, 8-[(3R)-3-amino-1-piperidinyl]-7-(2-butyn-1-yl)-3,7-dihydro-3-me-thyl-1-[(4-methyl-2-quinazolinyl)methyl] of formula (IIA) are suspended in 30 mL aqueous hydrochloric acid (4N) and stirred over night at room temperature. Afterwards, 30 mL aqueous sodium hydroxide solution (4N) are added. The precipitate is separated and dissolved in dichloromethane. After drying of the organic phase and removal of the solvent, the remaining residue is purified by column chromatography over silica gel and the respective fractions are combined.

25

Method: column: diameter=8 cm, length=25 cm; silica gel: 35-70 micron (DAVISILTM),

Eluent:

CH₂Cl₂/MeOH/NH₄OH=90/10/0.25 (0.5 L)

CH₂Cl₂/MeOH/NH₄OH=40/10/0.25 (0.5 L)

CH₂Cl₂/MeOH/NH₄OH=20/30/0.25 (0.5 L)

MeOH/NH₄OH=500:1 (1 L)

TLC: silica gel 60 F254, $\rm CH_2Cl_2/MeOH/NH_4OH=4/1/0.1,~^{10}$ R $_{\ell}=0.48$

NH₄OH stands for concentrated aqueous ammonia. The ratio of the eluent components refer to volume units.

Yield: 4.95 g (25% of theory) of title compound of formula 15 (IA)

 $C_{50}H_{56}N_{16}O_4$ (945.09) MS: [M+H]+=945

Example 2

Tablets

Copovidone is dissolved in purified water at ambient temperature to produce a granulation liquid. A DPP-IV inhibitor (active ingredient), mannitol, pregelatinized starch and corn starch are blended in a suitable mixer, to produce a pre-mix. The pre-mix is moistened with the granulation liquid and subsequently granulated e.g. using a high shear mixer. The moist granulate is optionally sieved through a suitable sieve (e.g. with a mesh size of 1.6-3.0 mm). The granulate is dried at about 60° C. inlet air temperature in a fluid bed dryer until a loss on drying value of 1-4% or 2-4% is obtained. The dried granulate may be sieved through a sieve with a mesh size of 1.0 mm. Magnesium stearate is passed through a sieve for delumping and added to the granulation. Subsequently a final blend is produced by final blending in a suitable blender. The final blend is compressed into tablet cores.

Optionally the tablet cores may be film-coated: Hydroxypropyl methylcellulose, polyethylene glycol, talc, titanium dioxide and iron oxide are suspended in purified water in a suitable mixer at ambient temperature to produce a coating suspension. The tablet cores are coated with the coating suspension to a weight gain of about 3% to produce film-coated tablets. The following tablet compositions can be obtained:

50 Component mg mg mg mg mg Active ingredient 0.500 1.000 2.500 5.000 10.000 Mannitol 67.450 66.950 65.450 130.900 125.900 Pregelatinized starch 9.000 9.000 9.000 18.000 18.000 9.000 9.000 9.000 18.000 18.000 Corn starch 2.700 5.400 5.400 Copovidone 2.700 2.700 Magnesium stearate 1.350 1.350 1.350 2.700 2.700 90.000 90.000 90.000 180.000 180.000 Total Mass (tablet core) **HPMC** 1.500 1.500 1.500 PEG 0.150 0.150 0.150 0.250 0.250 Titanium dioxide 0.750 0.750 0.750 1.250 1.250 0.525 0.525 0.875 0.875 Talc Iron oxide 0.075 0.075 0.075 0.1250.125 Total Mass 93.000 93.000 93.000 185.000 185,000 (coated tablet)

The invention claimed is:

1. A method for preparing a compound of formula (II) or a salt thereof.

$$(II)$$

$$CH_3$$

comprising dissociating a compound of formula (IA)

or a tautomer, enantiomer, diastereomer, mixture or salt thereof,

into a compound of formula (II) or a salt thereof, wherein X is a group of formula

60 and R is 3-(R)-amino-piperidin-1-yl.

2. The method according to claim 1, further comprising (a) carrying out the dissociation of the compound of formula (IA) in a suitable solvent or mixture of solvents, and (b) isolating the obtained compound of formula (II) from the suitable solvent or mixture of solvents.

3. The method according to claim 2, wherein the solvent or solvent system comprises one or more solvents selected from

the group consisting of ketones, lactones, ethers, hydrocarbons, chlorinated hydrocarbons, low-molecular-weight aliphatic alcohols, esters, amides or lactames, nitriles, sulfoxides, amines, and water; or a mixture thereof.

- **4.** The method according to claim **3**, wherein the solvent is 5 a polar solvent or mixture of polar solvents.
- 5. The method according to claim 3, wherein the solvent or solvent system comprises a low-molecular-weight aliphatic alcohol.
- **6**. The method according to claim **3**, wherein the solvent is 10 water or an aqueous medium.
- 7. The method according to claim 2, wherein the compound of formula (II) or a salt thereof is obtained in crystalline, amorphous, lyophilized or dried form.
- **8**. The method according to claim **1**, which is conducted in 15 the presence of an acid.
- 9. The method according to claim $\mathbf{8}$, wherein the acid is HCl.
- 10. The method according to claim 8, wherein the acid is aqueous hydrochloric acid.

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